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LECTURES

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ST. GEORGE'S HOSPITAL,

IN THE SESSION 1843-44,

BY

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Diseases simulating nasal polypi. Diseased ethmoid bone. Diseases of the tongue. The tongue after salivation and syphilis. Disease simulating cancer of the tongue. True malignant disease of the organ. Removal by ligature. Malignant disease produced by ulcers of the tongue. Ranula. Advantages of a metallic seton over one of silk.

DISEASES WHICH ARE SOMETIMES MISTAKEN FOR POLYPI OF THE NOSE.

GENTLEMEN,—I have a few words to say concerning these diseases. The case that I shall first mention is a very common one. A young person, frequently a child, is brought having dilated pupils, a fair complexion and thin skin, with some difficulty of breathing through the nostrils, and perhaps rather more secretion from them than usual. On looking into the nostrils the Schneiderian membrane appears very turgid, more vascular than ordinary, and on the outside there is a tumour, an excrescence, sometimes small, at other times pretty large. This may be mistaken for a polypus, and, indeed, the disease puzzled me when I first saw it. This appearance, however, is produced merely by the thickening of the mucous membrane of the nostril at the anterior extremity of the inferior turbinated bone. I do not believe that the mucous membrane there is really more thickened than it is anywhere else; but it is more apparent in that situation on account of the projection of the bone.

In some cases in which the mucous membrane has been sufficiently thickened to obstruct the respiration through the nostril, I have introduced a pair of probe-pointed scissors, slightly curved, and snipped off a portion of the projecting mucous membrane. There is no harm whatever in its excision; and where the nostril is much obstructed, the operation affords great relief. You may suppose this to be a very simple operation; and so it is, for it is done in an instant, but yet it requires some care in order that it may be done properly. In the dead body you might snip off a bit, and if you had not completed it by one incision you could make another. But in the living subject the mucous membrane is full of vessels, and the part must be snipped off at once; for the moment one division is made with the scissors, the hæmorrhage is so great that you cannot see a bit of the remaining part which requires to be divided. It is only every now and then that you find it necessary to have recourse to this operation. In other cases give the child small doses of steel for three weeks, then suspend its exhibition for a fortnight, and again resume it,—and proceed in this manner for three or four years. Delicate children who are liable to this disease of the Schneiderian membrane are always benefited by the exhibition of steel; it should, however, be given not in large doses for a short time, but in small ones long continued. Where the constitution is weak, you may sometimes cure the disease in three weeks, but the rectifying of the constitution is a work of years. Some good may be done by local treatment. Dissolve two grains of sulphate of zinc in an ounce of rose-water, and inject a portion into the nostrils two or three times a day; or paint the inside of the nostril with diluted ung. hydrarg. nitratis by means of a camel-hair brush.

I have seen some cases in which a small abscess has formed in the tumour that I have just described. Suppuration has taken place in the substance of the Schneiderian membrane just where it projects in front of the inferior turbinated bone, and the best plan to adopt is to cut off, with a pair of scissors, membrane and abscess altogether. When an abscess forms in a pile, that is best relieved, not by laying open the abscess, but by snipping off the pile.

Another disease, sometimes mistaken for polypus of the nose is connected with a

morbid condition of the ethmoid bone. A patient has difficulty of breathing through the nose, with pain in the forehead, and blows his nose oftener than natural; by and by he blows away hard dry scabs of mucus, like bits of glue, and then there is an offensive putrid smell perceptible to others, and probably to himself also. This indicates disease in the bones of the nose, generally of the ethmoid cells, but sometimes more extensive. Occasionally it is supposed to supervene on syphilis, sometimes it arises from the long-continued use of mercury; sometimes from a scrofulous state of the system; or it may be the result of general bad habit, such as is called *cachexia*. I am not about to enter into the history of this disease at present, but merely to point out that it may be mistaken for polypus. The symptoms always show that it is not a polypus, and if you turn the patient to the light you will see a tumour at the upper part of the nostril. This consists merely of unhealthy granulations, organised lymph covering the Schneiderian membrane over the bone; and if you take hold of it with the forceps you do not pull away a polypus, but a bit of the Schneiderian membrane with the tumour over it. Take care not to mistake this case for polypus, because the treatment that is applicable to the one is quite inapplicable to the other.

Having finished this subject, I propose to call your attention to

DISEASES OF THE TONGUE.

I am inclined to direct your attention to this subject, first, because you will find, especially in private practice, that you are frequently consulted about diseases of this organ; and, secondly, there is nothing worthy of notice about it in books. I have at different times looked over various books on surgery, and over the journals and surgical reviews, but I have not been able to gain any information about diseases of the tongue, except those of a malignant character; and I must add that the history given, even of these, odd as it may seem, is very different from what I have met with in practice.

In dyspeptic persons the tongue is frequently rather swollen; it becomes cracked on the surface, and may remain so without harm for years. It may bear the appearance of fissures on the surface, and the papillæ may be enlarged. This dyspeptic tongue, existing in a slight degree, is very common. A similar appearance of this organ occurs in persons who have been much under the influence of mercury. When a patient is salivated, the gums become inflamed, and the tongue also becomes inflamed and swollen. In bad cases of salivation, such as you scarcely ever see in the present day, because mercury is more prudently exhibited than formerly, the tongue becomes so swollen that the mouth will not contain it, and this inflammatory state of the organ, arising from the use of mercury, is very apt more or less to persist afterwards. The tongue is swollen; there are fissures on the surface, and this appearance is retained to the last. Sometimes you will see a longitudinal fissure in the median line of the tongue which does not seem to swell up like the rest of the organ. I remember a patient who had thus suffered from the use of mercury, and for a long time afterwards his tongue was much enlarged. The longitudinal fissure was so deep that it looked as if the tongue were divided into two parts, and the patient consulted a medical practitioner who, not being acquainted with the disease, thought the tongue was going to drop into two pieces, and proposed to fasten it together by a ligature.

This morbid condition of the tongue requires no special treatment. If the patient be dyspeptic, try to put his digestion in as good a state as possible. When he suffers from the use of mercury give him sarsaparilla, nitric acid, or whatever else may get rid of the effects of the mercury.

There are ulcers of the tongue which are different from those I have just mentioned; sometimes they accompany an enlarged and fissured tongue, but they may exist independently of those circumstances. The ulcers to which I now allude more especially occur as one of the sequelæ of syphilis. They are sometimes accompanied by the eruptions, little spots of syphilitic psoriasis on the body, and little spots on the scalp, but frequently they occur without symptoms elsewhere. A gentleman whom I saw not long since had a chancre in the spring of the year, some few years ago. Two or three months after that, if I remember aright, he had secondary symptoms. He took mercury, but inadequately; and many months afterwards the secondary symptoms returned; they were, however, but slight, and yielded to some simple treatment. But a year and a half after the first attack of syphilis, there were ulcers of the tongue, so that he could hardly speak or swallow his food; and at the same time spots appeared on his head and elsewhere. He took a little mercury, his tongue got well, and the eruption disappeared. From that time, however, he was subject continually to little ulcers of the tongue, coming but not going of themselves, never disappearing till he had taken blue pill. The ulcers, of which there were several, were very troublesome, interfering with deglutition, nay, even making him speak thick, and occasioning him great distress. Of his own accord he took a little mercury when they appeared, and they went away; but in two or three months they were sure to return. At last I made him take a course of grey powder (hyd. c. creta) for nearly two months; the ulcers healed, and never

troubled him again. These cases are very common as a sequel of syphilis, and the ulcers are seldom cured, except by mercury; but, according to my experience, large doses of it do harm rather than good. Calomel and opium is the great medicine to be brought into play in these cases. The mercury with chalk, five grains, with one or two grains of Dover's powder (to prevent it from griping and purging), is preferable to any larger doses of the remedy. The length of time during which a person may be plagued with ulcers of the tongue is astonishing. I have seen them last for years, until a patient has been put through a pretty long course of small doses of mercury. I saw one gentleman in whom these ulcers followed syphilis, and had been going on for two or three years when he came to me. They yielded to the grey powder, but not very rapidly, and the tongue always continued disfigured and covered with cicatrices. In some cases the patient is relieved by taking sarsaparilla, especially an infusion in lime-water. Where mercury has failed I have found that the best remedy is iodide of potassium, two or three grains, given twice daily, dissolved in plenty of water; but, in three cases out of four, the grey powder is much more efficacious.

Ulcers of the tongue, such as I have described, sometimes occur merely as accompaniments of dyspepsia, and they generally heal of themselves; but if they do not, one application of the nitrate of silver is generally sufficient to remove them. Those, however, that follow syphilis, do not yield to this remedy; nor does any local application, so far as I have seen, do much service.

Some persons who have ulcers on the tongue, have them also on the inside of the cheek. I suspect that they are originally little eruptions, but as they occur in a mucous membrane they ulcerate more rapidly than they would if they occurred on the skin.

There is a disease of the tongue which I have seen every now and then, and which I am sure is very often mistaken for cancer, though it is of a different nature. It is a curable disease, although it looks like a malignant one in many respects. The first thing of which the patient complains is enlargement of the tongue, with some pain. On examination you find a tumour in one part of it, not very well defined, not with any distinct margin. It is a softish tumour, and increases in size; and perhaps another tumour appears in a different part of the tongue, and that increases also. There may be three or four of these soft elastic tumours, with no very defined margins, in various parts of the tongue. This is the first stage of the disease.

In the second stage there is a small formation of matter in one of these tumours,—a little abscess, which breaks externally, discharging two or three drops of pus. When the abscess has burst it does not heal, but another forms in one of the other tumours. These abscesses may assume the form of ulcers, and the ulcer has a particular appearance. In the first instance it is a very narrow streak of ulceration, but on introducing a probe you find that the ulcer is the external orifice to a sort of fissure in the tongue. The probe passes in obliquely; the tongue is, as it were, undermined by the ulcer, a flap of the substance of the tongue being over it.

The disease now becomes more painful, and at last these ulcers may spread externally. In some instances they occupy a very considerable portion of the surface of the tongue, but generally they burrow internally, and do not spread much towards the surface. This is a very distressing state of things, and a man may remain in this state for a long time. The glands of the neck do not become affected, nor does the general health suffer, except from the difficulty of swallowing food. This is one inconvenience experienced by the patient, and he also labours under a difficulty of articulation. The tongue, from its enlarged state, may become stiff, not sufficiently pliable for the purposes of speech, and the patient either speaks thick or lisps.

In some instances the disease may be relieved by a course of sarsaparilla, with small doses of bichloride of mercury. A strong decoction of sarsaparilla, with from a quarter to half a grain of bichloride of mercury, may be taken in the course of the day. Of course, if there be anything wrong in the general health, you should endeavour to get that corrected, and attend especially to the state of the bowels and the secretion of the liver. If the secretions of the digestive organs be unhealthy, a dose of senna and salts may be given every other morning, and blue pill every other night. When the patient is brought into this state, one remedy, as I have said, is sarsaparilla with bichloride of mercury, but, according to my experience, this is not the best remedy. The remedy best adapted for these cases is a solution of arsenic. Give the patient five minims three times daily, in a draught, gradually increasing the dose to ten minims. It should be taken in full doses, so that it may begin to produce some of its poisonous effects on the system. When it begins to act as a poison it will show itself in various ways. Sometimes there is a sense of heat, a burning pain in the rectum; sometimes griping, purging, and sickness, and nervous tremblings. A patient who is taking arsenic, especially in pretty large doses, ought to be very carefully watched. At first you may see him every two or three days, and then every day; and as soon as the arsenic begins to operate as a poison, leave it off. When this effect is produced the disease of the tongue generally gets well, but at any rate

leave off the arsenic, and the poisoning will not go too far; it will do no harm. If, after a time, you find that the disease is relieved, but not entirely cured, you may try another course of arsenic. Perhaps it may take a considerable time to get the tongue quite well. Sarsaparilla, with the bichloride of mercury, may be given at one time; and at another, arsenic. You cannot give either of these remedies for ever, and indeed the arsenic can only be given for a very limited period; but it is astonishing what bad tongues of this description I have seen get well under these modes of treatment, especially under the use of arsenic.

Malignant diseases of the tongue generally are of the nature of carcinoma, but sometimes of fungus hæmatodes.

Carcinoma generally begins with scirrhous tubercles in the tongue, which may be felt externally; but, from the dissections I have made, I suspect that the disease never begins in one part only—that while there is one tubercle that can be felt, there are others that cannot in various parts of the organ. The scirrhous tubercle increases, becomes attached to the skin, and ulcerates. It may commence in any part of the tongue; sometimes the upper part, sometimes the end, and sometimes the lower surface.

Such is the history of the disease as it is commonly given in books, and as it frequently occurs in practice; but I must say that it does not always begin in this manner; and that in many cases a disease which you do not think of any consequence turns out to be malignant. For example; a gentleman came to me with a little round ulcer, not so large as a silver penny, and it gave him no pain. I touched it with the nitrate of silver, and used some other remedies, which I now forget, for it was many years ago. I proposed to remove a part of the tongue by ligature, but he did not like to undergo the operation, and went into the country. I saw nothing of him for three-quarters of a year, and he then came back with an immense ulcer of the tongue. The tongue was much enlarged, and also the glands of the neck. He died, and I made a post-mortem examination. I found an enormous tumour, fungus hæmatodes of the tongue, extending to the epiglottis and the glands of the neck. The only external manifestation of this, in the first instance, was a little ulcer, without surrounding hardness, and which yielded to the touch. I have seen fungus hæmatodes of the glans penis begin in the same manner; it would not heal, and by and by the tumour burst out. A gentleman consulted me about two years ago with some little excrescences on one side of the tongue, which looked so very like warts, that I thought they were so; and I apprehended the disease was malignant, especially as it appeared to be confined to the surface. I am always suspicious of diseases of the tongue. I applied some caustic potassa to the warts, which destroyed them very effectually, and made a deep ulcer there. The part healed, and the patient seemed to be very well. He came to me some time afterwards with ulcers where the warts had been; there was a great deal of hardness at the base, and they had all the characteristics of carcinomatous ulcers. So they proved to be; the disease continued to spread, there was repeated hæmorrhage, and the patient died. In other cases I have seen disease of the tongue, which did not present a suspicious character at first, prove to be malignant in the end.

There are on the table specimens of malignant disease of the tongue illustrating the progress which I am now going to describe. The ulcer extends, eats away a good bit of the tongue, generally on one side; the organ becomes stiff, gets fixed to the neighbouring parts; deglutition and articulation become difficult; the patient complains of pain, and you cannot help him. The ulceration goes on; the constitution suffers from the influence of malignant disease, and also from the want of nourishment; the glands in the neck become affected; and I do not know anything more miserable than a patient dying of malignant ulcer of the tongue. Having described the progress of the disease so far, you can easily conceive the rest. The patient is gradually rendered weaker and weaker, thinner and thinner; then there is a great bleeding; the lingual arteries are ulcerated, and it may be that the patient dies of hæmorrhage, for you can do nothing to stop it except by the actual cautery, and that you are often not in time to apply. The repeated hæmorrhages in these cases generally go a great way towards the destruction of the patient.

In the advanced stage of the disease nothing can be done. Can anything be done in the early stage? Can you remove the scirrhous disease in any way? If it be situated at the anterior part of the tongue you may excise it. An assistant could hold the tongue with a rough towel on one side while you excise the other, and he could also hold it while you secured the bleeding vessels by ligature. But a much simpler way would be to remove the part by ligature. A strong ligature, with a double needle, may be passed through the tongue, and it may include as much as you please. If there be a large portion to be removed, make a notch with a pair of scissors behind and before; into which the ligature can drop so as to enable you to effect the strangulation more completely. It gives a great deal of pain at the time you apply the ligature, but you must have a very strong ligature, and tie it as tight as possible. The part introduced between the ligature is immediately killed; it assumes a purple and then an ash colour, and in the course of a few hours the pain is

over; but profuse salivation follows, and in some cases lasts two or three days.

There is no great difficulty in removing, either by the knife or by ligature, any tumour from the tongue, except it be situated just at the back; but then I must tell you that I never saw any permanent good arise from it in any one instance. In the examinations I have made where there was carcinoma of the tongue the scirrhous disease was beginning in other parts. A woman has a scirrhous tumour of the breast,—do you think that you would succeed in curing the disease by cutting away a portion of the breast and leaving the rest? You have no chance of the operation succeeding except you remove the whole, unless the scirrhous tumour be distinct with a cyst around it, and have no connection with the breast. If there be fungus hæmatodes of the tibia no surgeon of sense would think of performing amputation, except above the knee, even if he did it there. In order that an operation for malignant disease may be successful you must remove the whole of the organ in which it is situated, otherwise there is no chance of permanent good. In the case of malignant disease of the tongue you cannot remove the whole, but only that little bit in which it has shown itself, while there is an undercurrent of disease going on everywhere else. I therefore cannot recommend you to perform the operation, and I think it is better to let a disease like this take its course than to subject the patient to the pain of an operation, and, what is worse, to the disappointment. The patient goes through the operation, and then in a little while he is disappointed to find that he is just as bad as ever.

I cannot say that those small ulcers of the tongue which I described before never run into malignant disease. I suspect that any ulcer there that has existed for an indefinite time may assume the character of malignant disease. A patient had ulcers of the tongue and cheek; he was apparently dyspeptic, and, so far as I know, they were not connected with syphilis. He had been subject to them for years, and they generally yielded to some remedies; but at last I was called in to see one of the ulcers unusually intractable in the cheek. It had become malignant, and the patient died of carcinoma of the cheek. Where there are ulcers of the tongue take care that there are no external causes of irritation acting upon them to keep them up; for this will sometimes convert a simple into a malignant ulcer. Teeth, scarifying ulcers in the tongue, should be extracted. In many cases rough, ragged teeth produce disease of the tongue. In malignant disease I have over and over again had the teeth taken out, while the event has proved that they might as well have remained; but still, when there is a sharp tooth cutting against the edge of the tongue, you are always to look at it with great suspicion.

There is one other disease of the tongue, or rather a disease under it, which remains to be mentioned. A patient comes with a sore mouth, and you see the tongue pushed up to the soft palate. It looks as if the tongue were enlarged, but that is not the case, it is lifted up. You tell the patient to put his tongue against the incisor teeth, and on looking beneath you see a tumour. By feeling it you find fluctuation, you puncture it, and let out a quantity of transparent fluid, sometimes a teaspoonful or more. The fluid is a little glutinous, and consists of saliva. There has been an obstruction to the orifice of the submaxillary gland; the saliva has been secreted by the gland, but could not get out by the duct, and hence it has remained till it has formed a large tumour. This is what is called ranula.

You puncture the tumour with a lancet; the fluid comes out, and immediately the patient is well. You see him a week afterwards; he is quite well, and there is the saliva flowing out of the orifice you have made with the lancet. But you see him a month afterwards, and the tumour has reappeared, the orifice has healed, and the tumour becomes as large as ever. All you want is, to get a permanent orifice from the bag into which the duct has been converted; but that is a very difficult matter. I have tried to effect it in various ways. I have punctured the bag, and then touched the edge with caustic potassa to prevent its healing. The patient has gone on very well so long as it did not heal, but as soon as I have left off applying the caustic the orifice has closed. I have introduced a tenaculum into the bag of the ranula, and cut away a piece sufficiently large to admit the finger; the patient has then continued well for a longer time, because the part takes longer to heal, but contraction takes place, and the patient is bad again. I have run a seton through, and the patient has then gone on well for a considerable time. I have introduced a gold or silver ring, and kept that in as a seton. If the seton be kept in a considerable time it seems to effect a permanent cure, but even that fails, and you have to perform the operation two or three times. I know of nothing better than the use of a seton, and I believe that it is better made of metallic substance than of silk. It does not so soon ulcerate its way out, and if it remain in for a long time the edges of the orifice through which the seton is introduced may become covered with mucous membrane. If you introduce a silk or India-rubber seton in the back of the neck, after a great length of time a sort of skin forms on the inner surface of the canal; there is a discharge of matter; and when you take away the seton the part in which it lay remains pervious. So if you keep a seton in a ranula for a very long time

the opening may remain pervious. The advantage of a metallic over a silk seton is, that it does not ulcerate its way out so soon, does not get putrid in the mouth, and therefore may be kept in for a longer time.

HOSPITAL FOR THE CURE OF DEFORMITIES.

COURSE OF LECTURES

ON THE

DEFORMITIES OF THE HUMAN FRAME.

BY

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Delivered at the Orthopædic Institution, Bloomsbury-square, in 1843.

LECTURE IX.

Character of spastic rigidity of muscles and deformity in infants, young children, and adults. Treatment. Spastic deformities of ankle. Non-congenital club-foot; their origin, symptoms, and treatment. Spastic contracture of hand and arm. Universal paralytic deformity of upper and lower extremities. Treatment. Value of tenotomy in contracture of elbow and wrist.

THE first contracture which I shall consider is that resulting from universal rigidity of the muscular system, or of the flexor muscles only, in new-born infants, a condition analogous to *trismus nascentium*, a common disease in certain tropical countries.

In some instances the rigidity of the limbs is immediately apparent, in others it escapes observation during several weeks or months, or the spastic rigidity becoming complicated with structural shortening of the tissues on the contracted sides of the articulations, the nurse observes that she is unable to wash and dress the infant with the ordinary facility. The knees cannot be properly separated or depressed. Sometimes the trunk is stiffened, so that the infant is turned over in the lap "all of a piece," as the nurse expresses it. Occasionally the head is habitually retracted, and the elbows and wrists participate in the inflexibility. Very frequently the contracture is confined to the lower extremities, but more rarely to a single limb. The infant is observed invariably to sleep with the knees firmly approximated to the abdomen and to each other, and the toes inverted. As the child approaches the period at which the first attempts at standing and progression should be made, it is observed to make no use of the limbs;—a consultation with the medical practitioner ensues, and a paralysis is sometimes pronounced to exist. In cases where the sensorial part of the brain has suffered conjointly with the medulla spinalis, the intellect may even thus early be observed to be less developed than usual. The inability to stand or walk continues until, perhaps, the age of three or four years, when, with assistance, the child contrives to support himself. It is now ascertained that the soles of the feet are not properly applied to the ground, that the knees always incline inwardly, and that they continue bent. The child at length effects locomotion unassisted, but he cannot be said to walk, as his movements are characterised by an inability to stand still and balance himself erect. In the endeavour to do this he commonly falls, and to avoid this accident requires to continue in an imperfect running until he meets an object against which he can support himself. Being unable to bend the ankles, the toes strike against the smallest irregularities on the surface, occasioning loss of balance and frequent falls. In process of time greater certainty and ease in locomotion may be spontaneously obtained. I have here described to you the course of an ordinary case of this nature; the models before you will illustrate the various grades of the affection; and among the out-patients you may at present witness several cases at different ages. This diagram will show you the common condition in which, at a later age, such patients apply for relief.

The same condition of the central organs of the nervous system, the muscles and articulations, may be produced later in life, during dentition, or during any of the numerous diseases of infancy which excite much general disturbance. I have treated two cases in adults in whom the spastic state of the muscles resulted from direct mechanical injury applied to the spine; and two others, in which the universal contracture of the lower extremities resulted from disease and deformity of the vertebral column.

You will remember that a single member may be thus affected; the case is still less unfortunate when the contracture does not involve the hip-joint, but is confined to the knee and ankle.

Treatment of Universal Spastic Rigidity.—During the earlier months of existence you can resort to few therapeutic measures. I have usually contented myself with directing the nurse several times daily to endeavour to straighten the flexed articulations; and this may generally, after a little perseverance, be accomplished, the object having been to prevent structural shortening of the spastic muscles. But from the observation of the utility, at a later age, of counter-irritation to the vertebral column, I am induced to recommend you to try the use of stimulant embrocations to the back. Of course you will not neglect attention to the digestive organs, the proper action of which is of equal importance in health and disease.

From the age of twenty months and upwards, I have employed more active counter-irritation to the neck and loins,—lytta, and repeated small issues produced by argentum nitratum. Should structural shortening have ensued, you may endeavour, by appropriate mechanical apparatus, such as that requisite in deformities from other causes hitherto considered, to effect elongation of contracted parts; but the primarily spastic nature of the muscular contraction will prepare you for greater resistance, and, perhaps, convince you of the hopelessness of the attempt to effect mechanical elongation. It will, however, in many cases be evident that the primary cause in the nervous system has subsided, and that you have structural shortening alone against which to contend. Failing manipulations, instruments, and the remedies directed against the cause of the contraction resident in the nervous system, you still have tenotomy as a *dernier resort*, and this, in the majority of instances, will not disappoint your expectations.

The parts requiring section here may be the adductors of the thighs, the ham-strings, gastrocnemii, and adductors of the feet. I can scarcely limit the age at which this operation may not be productive of benefit. There is the drawing (fig. 14) of an adult,

Fig. 14.

Spastic Contracture of the Lower Extremities.

upwards of thirty years of age, who had never walked, but who acquired sufficient power, after tenotomy and straightening of the limbs, to walk with the assistance of a stick only. Several similar cases have been observed in in-patients at the institution. The diagnosis of these spastic contractures from paralytic contractures rests upon the presence of volition in every muscle. You will be careful, also, not to confound them with similar deformity from disease of the articulations.

Thus far I have principally dwelt on spastic contracture of the hips and knees. The corresponding affections of the ankle are more common. As I have already mentioned, they invariably accompany the contractures of the hip and knee, though they often occur independently of them, and constitute the spastic forms of non-congenital talipes, or club-foot.

The most simple form is that consisting of abnormal spastic elevation of the heel, causing the individual to walk on the toes only; or the deformity may be combined with some inversion of the toes; or, as in the similar deformity from disease of the joint shown in this model (fig. ***, p. 176). A complete varus may result from the spastic contraction of the adductors of the foot conjointly with the gastrocnemii (fig. p. 285).

It is necessary that I should impress upon your attention the mode of origin of these cases of deformity, as errors of diagnosis are, in this respect, not uncommon. In adults the attack can usually be traced to an epileptic, hysterical, or chorea-like seizure; in children the deformity succeeds to an attack of convulsions, but more commonly the origin is unperceived. It is often stated by the parent to have been an injury sustained whilst at play, whereas inquiry elicits the fact that the deformity had not for its cause an origin of that nature, but arose from disturbance of the nervous system. It is evident that in many instances the muscular contraction comes on insidiously, and does not attract attention until some trifling accident at play, as a fall (induced, probably, by the gastrocnemii being already partially affected with spasm, and imperfectly under the child's control), leads to an examination of the limb; from which period the increase of contraction and deformity becomes anxiously watched. In the remarks on spasmodic contractures in general, I mentioned that when the contraction is gradual, the remote cause often consists in chronic derangement of an organ affecting a peripheral part of the nervous system. There exists, in my opinion, no cause more frequently productive of these spastic contractures of the ankle than derangement of the mucous membrane of the alimentary canal, indicated by worms, diarrhœa, or other symptoms of gastric or intestinal morbid sensibility. This disturbance may continue a considerable time un-

heeded, or without suspicion of its tendency to induce secondary disease being awakened. By means of the chain of filaments on which the reflex functions of the nervous system depend, it may be unobtrusively exciting involuntary contraction, evinced by a scarcely perceptible limp, a tendency to fall, or a certain wayward action in walking. At this period it frequently happens that if the foot be examined when not actually engaged in walking or standing, no abnormal condition can be perceived (unless, perchance, a slight diminution of the bulk of the limb already exists); for Stromeyer has shown, and you will have frequent opportunities of verifying the observation, that it is characteristic of this affection of the gastrocnemii (previously to its acquiring the highest grade, and having existed a considerable period when atrophy commences), to be excited into activity, or much augmented, when the sole of the foot touches the ground, as in walking. This may remind you of the effects of irritating or touching the web of the frog's foot, or the skin of the sole of the rabbit, when the excitability of the muscles is increased by narcotism or decapitation, or the influence of volition removed. The membrane and skin covering these parts are, like the skin of the human sole under certain circumstances of disease, more particularly susceptible of external impressions, and when irritated, capable of producing reflex muscular contractions. I may refer you for the further study of this interesting subject to the "Treatise on Club-foot and Analogous Distortions," London, 1838.

You may bear in mind that impaired nutrition of the frame, whether it result from disease in an organ or be the direct consequence of deficiency of food, is one of the most active predisposing causes of these deformities, as of chorea and the whole of the neuroses. Raphania, a disease not unfrequently witnessed on those parts of the Continent where rye-bread is the principal food of the people, is accompanied with spasmodic contracture of the lower extremities, hence it has been denominated the cripple disease. The older authors have attributed raphania to the consumption of secale cornutum, but it admits of doubt whether the symptoms may not in great measure be referrible to imperfect nutrition. In the oriental disease, beribery, in which spastic rigidity of the limbs constitutes so important a symptom, the patient, after subsidence of the acute symptoms, remains affected with spastic contracture. I have recently relieved, by tenotomy, a gentleman who had been totally incapable of locomotion from this disease, contracted during a residence in Ceylon many years since.

The treatment of these spastic contractures of the ankle will, so long as they present a probability of removal by the general and mechanical means, be conducted on the principles already laid down, and when the assistance of tenotomy becomes requisite, the section of those tendons only which offer the greatest resistance should be accomplished, viz., the gastrocnemii, with or without the adductors of the foot (anterior and posterior tibial tendons), according to the peculiar abnormal form of the member. In those cases in which the ligaments do not retain the limb in the old position you will often find that after the operation the antagonist muscles forcibly endeavour to distort the foot in the opposite direction. It is, therefore, important to secure the foot, by means of splints, in the primary deformed position, to prevent too great elongation of the divided tendons. The deformity can be gradually removed by subsequent mechanical means, and the functions of the limb be partially or completely restored by the same after-treatment described in the lecture on deformity from ankylosis.

Spastic Contracture of the Upper Extremity rarely occurs independently of contracture in the lower limbs. The causes are the same. It affects commonly the pronators and flexors of the wrists and fingers, sometimes the biceps, pectoralis major, latissimus dorsi, teres major and minor. Either of the models on the table will illustrate this deformity of the hand and arm (fig. 15). The treatment should be based on the same principles as that necessary in the corresponding affection of the lower limbs. I would not advise you hastily to resort to tenotomy in these cases. I shall defer the consideration of the operation until I have spoken of paralytic contractures.

Fig. 15.

Universal paralytic contracture of the lower extremities presents, at first view, considerable resemblance to the spastic affection of the same parts. It arises at various periods of infancy, the organic disease of the central organ of the nervous system being preceded or accompanied by disorders of dentition, intestinal derangement, hydrocephalus, fevers of various kinds, and universal debility. A perfect paraplegia or hemiplegia, occurring gradually or suddenly, are frequent precursors of this contracture. In the study of the origin of these contractures it is apparent that in many instances the paralysis affects particular sets of the muscles; the non-paralysed muscles slowly contract and produce deformity. In other instances all the muscles are paralysed *quoad* volition, but the greater mass and power of the flexors and adductors, acting through the involuntary contractility of the fibres, distort the limbs. Such patients, affected with universal contracture, present deformity of hips, knees, and ankles; the principal muscles that appear contracted are the tensor vaginæ femoris, rectus femoris, the ham-string muscles, the gastrocnemii, and adductors, the remaining muscles being wholly paralysed. The models around you will illustrate the appearance of these patients, they are compelled to effect locomotion entirely by the action of the arms, using for this purpose crutches, or move from place to place on a wheeled carriage, in the manner often displayed by mendicants in the streets of the metropolis. As I have before mentioned, a single limb or joint may be affected with paralytic contracture, and sometimes one limb presents paralytic and the other spastic contracture, the deformity corresponding or not on the two sides. Thus, therefore, nature presents us with two series of deformities nearly identical in external appearance, and your tact as practitioners in diagnosis and prognosis will often be tested. You will at once comprehend that paralytic contractures, on the whole, are the less favourable for treatment. Still, immense advantages are secured to persons thus afflicted, if you can so restore the form of the member that the patient may avail himself of a straight pillar on which to support the trunk. When the muscles on one side of the member only are paralysed, the adaptation of proper mechanical apparatus, with springs in some degree to supply the place of the deficient muscles, will give the sufferer considerable tact and facility in locomotion. Several cases of extremely severe paralytic contracture, the individual never having walked, have, in this institution, been enabled to throw aside crutches and the arm-propelled carriages resorted to in the streets. When a single ankle and knee are affected, the patient may be restored to a considerable extent, and perform the ordinary offices of life with little inconvenience.

Paralytic deformity of the upper extremity is more serious; the member must be condemned to uselessness so long as one set of muscles is unaffected by volition. The movements of progression, performed by the lower extremities, are more simple and considerable; use of these parts is not incompatible with a certain amount of paralysis. A person can effect locomotion with a certain amount of comfort and satisfaction even when the *foot* is completely paralysed, but the functions of the hand are exceedingly complicated; each muscular fibril has its appropriate action and subserviency to volition, and requires to be balanced in its action by its antagonist; when, therefore, the supination of the wrist and extensors of the wrist and fingers are paralysed, the functions of their antagonists are as completely arrested as if all were afflicted with a common calamity. This is, however, the proper place to caution you not too early to abandon a paralysed hand and arm as incurable; it frequently happens that during the continuance of the paralysis, contraction and structural shortening of one set of muscles (as in the leg also) takes place, and on the removal of the cause of paralysis resident in the nervous centre, the limb remains contracted. In these cases you may observe a germ of volition in the apparently paralysed muscles, and by manipulation, frictions, exercise, mechanical support, and more rarely by electricity in its various forms, you may succeed in partially restoring the limb. I have witnessed cases of paralytic contraction of the arms and hands consequent on fever, wholly restored after considerable lapse of time by this treatment.

I shall conclude this lecture with a few remarks on the utility of sections of numerous muscles of the hand and arm, the substance of which has been elsewhere published. Unfortunately, the universal tenotomists who behold, in a contracted limb, a mere piece of mechanism held in an abnormal form by certain unnaturally tense cords, have, without reflection on the etiology and pathology of these deformities, proceeded with the knife to relax the contracted part, regardless of the numerous conditions requisite for a restoration of the function. In principle subcutaneous tenotomy is equally applicable to the upper and lower extremities, but a wide difference exists in the application of the principle. The movements of the ankle consist, it is true, of flexion, extension, adduction, and abduction, but in the act of walking, flexion and extension are alone absolutely necessary; adduction and abduction being only required under extraordinary circumstances. Operative orthopædy is capable of restoring a contracted useless leg, and fitting it for the ordinary purposes to which, in the civilised state of society, it is applied, but cannot adapt it to the extraordinary use made of it

by the athletes or the professional dancer. But in the case of the hand, every individual, from the day-labourer to the watchmaker, or the workman in the minutest branch of the arts, avails himself constantly, not only of flexion and extension, but of pronation and supination,—those movements which are analogous to the inversion and eversion of the foot. If you, at the same time, bear in mind that, notwithstanding the analogy in these movements of the upper and lower extremities, the acts of pronation and supination are far more delicate and elaborate than the analogous movements of the foot; if you remember that not only are the movements of the hand much more complicated, but that the several fingers possess each their allotted muscles and consequent functions,—you will at once perceive that although in principal orthopædic operations are equally applicable to the hands, the difficulty of applying the method must be immeasurably greater. The anatomical conformation of the arm and hand, the smaller space in which is congregated a larger number of nerves, muscles, and tendons, the difficulty of dividing those which may be contracted, without disturbing or exciting unnatural adhesions with those which may be normal in their action,—all combine to retard the progress of orthopædy in this direction. Operations on the elbow are usually successful; in the hand, also, when merely unnatural flexion or extension exists, paralysis being absent, the functions of the wrist may be restored by tenotomy. Thus, at the Orthopædic Institution, I have treated cases of contracted elbow and wrist which have yielded perfectly, by section of the biceps, or of the flexors, extensors, and pronators of the wrist, the functions having been more or less completely restored according to the cause of the contraction. I may briefly state the order of success in these cases to have been as follows:—Organic shortening of the muscles from long-continued relaxation, as from accidental injuries and inflammation; congenital contraction; spasmodic contraction; contracture from abscesses with loss of substance, gangrene, &c. The result of my observation leads me to assert, that how discouraging soever at the onset, contractions of the hand are not irremediable; on the contrary, that although few are perfectly curable, the great majority are susceptible of considerable benefit. Although the degree of restoration of function varies, yet in nearly every case that has come under my notice, the deformity (which alone impels individuals of the upper classes of society to seek relief,) has been removed, and I have succeeded in enabling a person to write tolerably. A wide field, however, remains open for future research and experience, and although I would strenuously discountenance all rash and wholesale division of tendons in these cases, I recommend the matter to the attention of those among you who are possessed of an intimate knowledge of the anatomy of the parts, and are endowed with a large share of patience to watch and elaborate results. The loss of a lower extremity is a great privation, but experience shows that the deprivation of the use of the arm and hand is felt as a far greater affliction; so much the greater therefore must be the reward of him who, by adding to the common stock of knowledge on the remedy of this, can so largely contribute to the welfare of his fellow-creatures.

MR. ROTCH'S ACCOUNT
OF THE
TREATMENT OF A LATE PATIENT
OF
DR. ROE AND MR. WAKEFIELD,
BY
COLD WATER APPLICATIONS AND BEVERAGES.

To the Editor of THE LANCET.

SIR,—A few weeks ago my attention was drawn to your number of Saturday, the 2nd of September last, in which, at page 814, under the head of "News of the Week," and stated to be "*From a correspondent*," is what purposes to be an account of an illness under which a lady, a near relative of mine, had then lately suffered. You very naturally suppose that this account was published with my consent, and I confess it is difficult to believe that a number of medical gentlemen holding the dignified rank of M. D. should busy themselves, some in writing for publication, and others in publishing, a detailed account of a case occurring in strictly *private* life, without the consent of those whose names and description are thus minutely and unscrupulously given to the public. Under the supposition alluded to you call upon me by name for "what I have to say to these announcements," and under these circumstances I trust you will not grudge me the space which the following statement will necessarily occupy in your columns,—if you do me the favour to insert it after so long a delay, occasioned by my having been lately confined some weeks to my bed by indisposition.

The first thing I have to say is, that out of the ten paragraphs which constitute "M. D.'s" account of the case, nine are obnoxious to the charge of direct falsehood; the only one which can be said to be in strict accordance with the truth being that which states that "the disease was progressing uncontrolled by the remedies prescribed." You will, therefore, anticipate my assertion that I was no party consenting to the original paragraph. The fact is that I never heard of it until several weeks after its publication in THE LANCET, where it was first

shown to me. I soon found that the original of what I saw in your Journal was published in "The Provincial Medical Journal" of the 26th of August last, and immediately wrote the two following letters to the editors of that Journal:—

No. 1.—"To the Editors of 'The Provincial Medical Journal,' Dr. Hennis Green and Dr. Streeten.

"Gentlemen,—My attention was called yesterday, for the first time, to your weekly number of Saturday, the 26th of last month, in which is a tissue of falsehood and absurdity, headed 'The Cold Water Cure,' being a letter addressed to you, dated the 7th of August last, signed 'M. D.,' and concluding with the following words:—'To authenticate this communication I send you my card, and have the honour to be,' &c. As the author has thought proper to make me by name the hero of this romance of private life, without any previous communication with me on the subject, I shall feel obliged by your sending me at your earliest convenience his name, style, and address. I have the honour to be, Gentlemen, your obedient servant,

"Benjamin Rotch.

"Lowlands, 30th Sept., 1843."

No. 2.—"To the Editors of 'The Provincial Medical Journal,' Dr. Hennis Green and Dr. Streeten.

"Gentlemen,—On the 30th of September last I had the honour of addressing a letter to you, inquiring the name and address of the author of a false and absurd communication, published by you in your number of the 26th of August last, in which my name was introduced, and to which my attention had only been called a few days before. I sent my letter by private hand to your respectable publisher, Mr. Renshaw, of No. 356, in the Strand. The bearer of my letter reported on his return that he delivered the letter to a person who he believed to be Mr. Renshaw, that that person took the letter up stairs, and returned after a short time, desiring him to inform me 'that the gentleman whose address I wanted was no longer the editor of 'The Provincial Medical Journal,' but that my letter should be sent to him, and that any answer which he might return should be forwarded to me without delay.'* I have waited patiently a whole week, and have not received any further communication, either from him or from yourselves. Under these circumstances I must beg you will have the kindness to inform me if the very inappropriate message brought me by the bearer of my letter was really the message you sent in reply to it; if not I shall feel obliged by your early written answer to my letter, that no further mistake may occur. But if such was the message you sent you must allow me to observe that it could not be a matter of any interest to me to learn that the author of 'M. D.'s' communication was a former editor of your journal, however it may have surprised me that a gentleman once holding so responsible and so respectable a situation could so far forget what was due to society, especially from a medical man, as to drag before the public a case from *strictly private life*, insulting an aged and unoffending lady, by publishing her name without permission, and assuming to give details of her case, but in language so coarse as to show that all proper feeling was merged in the animosity he wished to evince towards a system which he evidently either had not the sense to understand, or wilfully intended to misrepresent.

"The author of that very offensive composition says in his published letter to you that he sends you his card for the express purpose of authenticating his communication, and I look to you, therefore, for his name and address. I have waited a week to give you an opportunity of communicating with him, and I now must call upon you, as gentlemen, and the respectable editors of a respectable journal, to forward to me, without further delay, the name and address which the author professes to have sent you, for the express purpose of doing away with the anonymous character of his communication.

"As an anonymous writer I should not, of course, condescend to notice his piece of literary impertinence; but when I know who it is that thus insults common decency, and violates the established usages of educated society, I shall not be slow to correct his facts, and show how utterly unavailing is any endeavour from any quarter to throw discredit or ridicule on the science of what is called 'hydropathy,' in the particular case alluded to. Waiting your immediate reply, I am your obedient servant,

"Benjamin Rotch.

"Lowlands, 7th Oct., 1843."

In the latter end of October, having been absent in the north of England for some days, I received a letter from Dr. Hennis Green, dated the 14th of that month, containing a polite expression of regret that the letter of 'M. D.' had been published in his journal, and acquainting me with the name and address of the talented physician who had the double ingenuity to tell a false tale in order to secure its contradiction, and at the same time to proclaim himself an *Irishman*, by perpetrating the practical bull of sending his card to *authenticate a false statement* which he had only learned by *report*. My object being to expose the falsehood and not the physician, I shall not here disturb the *incognito* so well befitting his absurd production, but shall at once proceed to state the *real facts* of the lady's case.

* Mr. Renshaw has since explained that this was not exactly the message he sent.

On Saturday, the 15th of July last, Dr. Hamilton Roe and Mr. Wakefield had been attending my aged relative for several days, her complaint being not typhus fever, as stated by "M. D.," but bilious fever, attended with inflammation of the mucous membrane of the stomach, and constant diarrhœa. The patient, who was upwards of seventy-eight years of age, was reduced to a very weak state, and "the disease was progressing uncontrolled by the remedies prescribed." As the stomach rejected everything that was attempted to be conveyed into it, an anodyne was suggested, in the form of an enema, and administered in the afternoon of that day; and I beg here, emphatically, to state, that this was the last attempt to rally or relieve the patient, made or suggested by her medical attendants, although they visited her twice on the next day (Sunday), and twice again on the day after (Monday), before the hydropathic treatment was resorted to. The effect of the anodyne was that the patient remained in a semi-conscious state of stupor through the whole of Sunday, the diarrhœa continuing as before. She was twice visited by her two medical men during this day, once in the morning and once in the evening, but nothing was prescribed on either occasion. The friends and nurses stood weeping around, expressing, without disguise, their opinion that the patient was fast sinking, which neither of the medical gentlemen attempted to deny. One of them certainly did suggest that it was the effect of the narcotic which caused the then appearances, and that they must wait until that effect had gone off before they could judge of the patient's real state; but at the same time the other medical man drew me to one side, and said he would no longer disguise from me that my relative was in great danger, and that if the diarrhœa was not stopped I must be prepared for the worst. Well, up to this time (Sunday evening) the diarrhœa was not even *checked*, and the medical men left, saying that in the patient's then state nothing more could be done, and they would see her again in the morning. They did see her on Monday morning, the 17th of July. The effects of the anodyne, so far as the stupor was concerned, had passed off, but the patient was very weak, and the diarrhœa not abated, while the anodyne had produced most distressing nausea during the night. Again the two medical men left their patient without prescribing or suggesting anything for her relief, promising to see her again in the evening. They did come at nine o'clock, and found all the symptoms remaining,—fever, inflammation, and diarrhœa.

Remembering what one of the medical men had said to me the evening before, and the diarrhœa not having ceased, I certainly did prepare myself for the worst, expressing my own conviction that my suffering relative had not many hours longer to live, and finding that the medical gentlemen were about to leave the patient,—now for the fourth time in two days,—without suggesting anything further for her relief, and not receiving from them the slightest indication of a belief in their minds that my forebodings were not correct, I said, in great distress of mind, "Gentlemen, are you going to let my poor relative die without making any further attempt to save her?" And then, addressing myself formally and separately to each, in the presence of six witnesses, I inquired if they had nothing else to suggest, and having received a distinct answer from each that they had not, I expressed my wish that hydropathic means should be resorted to, its especial efficacy in reducing fever, allaying inflammation, and checking diarrhœa, being no longer doubted by any who really understood the practice, and had seen its effects. However, with a due dread, no doubt, of the sneers of their brotherhood, both medical gentlemen positively refused to consent to anything of the kind, and they will, no doubt, be pleased to see registered in this statement their positive refusal to have anything to do with hydropathy, or to sanction, in any way, the application of its principles to the case before them; and I will add, that it was with the greatest difficulty I could persuade them to remain in the house, even while the first application of damp linen was being made, that I might have their medical opinion of its effects. After considerable hesitation, however, they *did* consent to await the result of the application, and, having pronounced in its favour, left the patient for the night. The medical men continued to attend, at my request, for several days afterwards, but never interfered in the treatment again in any way. On the Tuesday three more applications of damp linen, followed by tepid ablutions, were given. A damp linen girdle was worn round the body, iced water was constantly sipped, day and night, and the hands were frequently bathed in cold water. Under this treatment, *and this only*, the patient so quickly recovered, that on Saturday, the 5th of August, exactly three weeks from the day when I feel I am justified in saying that her medical attendants had completely exhausted their skill upon the case, she having taken several carriage-airings during the previous week, drove to the Government-Annuity Office, in the city, signed the Government books, and received her dividends, on that day, herself, afterwards, at the Bank of England, and she is now, thanks to a merciful Providence, in better health than she was for a long time previous to her attack.

It would be most uninteresting to the public to hear the detailed refutation of the nine false paragraphs originally published in the statement of "M. D.," but, in justice

to Dr. Mastalier, I feel bound to say that he was never consulted on, and never saw, the case; that he never gave any advice as to the treatment, and, so far as I am aware, never even knew that the patient was ill at the time, in spite of the detailed account given by "M. D." of that physician's visit and advice to the patient.

I cannot conclude without one observation on the editorial note of Drs. Hennis Green and Streeten, on the valuable communication of "M. D." It is really laughable to read the all-absorbing anxiety of those gentlemen to prevent the possibility of hydropathy getting fair play, even for a moment. One would have thought that the two medical attendants of the lady having been called upon by "M. D.," first to state all the particulars of the case, secondly, to say if they considered the case *hopeless*, and, lastly, if the patient was *in extremis*, they would have just cast their eye over the letter of those gentlemen in reply, to see if the queries of "M. D." had been answered; and if they had done so, surely they must have seen that all that was really essential to form a judgment on the case was wanting in that letter. In the first place, they are, as a matter of course, silent upon the details of the case. What respectable medical man could publish such of a private patient? In the second place, being asked if they considered the case *hopeless*, their answer is that they did not *give it up*. I cannot but think that any one but Drs. Hennis Green and Streeten would have perceived and smiled at this very quaint evasion of the question, embodying, as it does, at the same time, so pungent a satire on the profession. The last question is, certainly, fairly answered, and as any one but "M. D." would have anticipated. And then comes the extraordinary finale to this notable composition, which reminds one forcibly of the quack who, being called in to a child in the small-pox, gravely assured the mother that if he could once get rid of the small-pox he should have no fear of the result. The story goes that the mother was satisfied, because it was said with too much gravity to excite her suspicions of its absurdity; and so one may say of these learned men's letter, that had less grave personages written "that were it not for the great age of the patient they should have felt no alarm" (which is very much like saying that if there had been no cause for alarm they should have felt no alarm); or had this sentiment been expressed in less grandiloquent phraseology it might have passed unnoticed, but, coming from such a quarter, and expressed in such language, it has evidently so far imposed upon the public that many have considered the letter neither more nor less than a denial that the patient had any serious disease at all, or that hydropathy had anything to do with the cure in this particular case; and, moreover, that I had made a false statement, which the medical attendants on my own family had contradicted.

Thus, Sir, I have felt it my duty to respond to your call, and place the real facts (to which there are many attesting witnesses) before the public, through the medium of your valuable Journal, and I think that I may now safely leave that public and the medical profession to draw their own conclusions. I am, Sir, your most obedient servant,

BENJAMIN ROTCH.

Lowlands, Nov. 29, 1843.

*** The above communication contains some very extraordinary intelligence. The profession will expect, with anxiety, the replies of Dr. Hamilton Roe, and Mr. Wakefield, to the statements which Mr. Rotch has made. Dr. Roe, be it observed, is one of the physicians of the Westminster Hospital, and Mr. Henry Wakefield is surgeon of the House of Correction, Coldbath-fields. Mr. Rotch has replied to the statements which were first published in a bold and manly spirit, and has evidently made all his allegations with a firm conviction of their accuracy.

VARICOSE VEINS.

To the Editor of THE LANCET.

SIR,—I forward the following case of varix for insertion in your valuable Journal, merely as an additional fact attesting the success and safety of the mode of treatment now, I believe, generally adopted. Your obedient servant,

CHARLES HOGG, M.R.C.S.L., &c.

Finsbury-place South,
Dec. 11, 1843.

M. D., Russel-street, Mile End, painter and glazier, ætat. 43, consulted me in June, 1842, when his leg presented the following appearance:—about an inch and a half above the internal malleolus there is an ulcer about the size of half-a-crown, and one-fourth of an inch in depth, with hard irregular edges, and discharging a thin ichorous greenish matter; complains of most acute pain; has been unable to put his heel to the ground for three or four months; ulcer open two months; the internal saphena greatly enlarged from the ulcer until within a few inches of Poupart's ligament; in the popiteal space there is a complete coil of vessels as large as the little finger. He says the veins have been swollen for above twelve years, and that his leg has always been "weak," in consequence of a fall when a boy. After employing the usual remedies with temporary relief, he consented to the following plan. A piece of adhesive plaster, folded

five or six times, with a hole in the centre about the size of a shilling, was placed on the course of the vein in five places, each being filled with a paste composed of quick lime, caustic potash, and a sufficient quantity of rectified spirits of wine. They were kept on for about twenty minutes. After their removal linseed-meal poultices were applied, twice or three times a-day. The last slough came out on the sixteenth day. Simple dressings speedily healed the sores. He can walk at present a distance of eight miles, besides being on his legs the greater part of the day. The muscles, which at first were loose and flabby, are now firm and well developed. I have seen several methods adopted for the cure of varicose veins, but I consider the above preferable to any other.

TENOTOMY.

To the Editor of THE LANCET.

SIR,—I venture to request the favour of a small space in your excellent Journal for a few remarks on some observations of a correspondent, p. 323 of the last number of THE LANCET. The writer, with the very proper object of cautioning students against *unnecessary* interference with strumous articulations, discusses the question of the applicability of tenotomy to a case of dislocation of the ankle-joint during the severest form of disorganising disease of tarsal bones and ligament. "Sinuses existed opposite to each of the malleoli.....The ankle-joint admitted of an unusual extent of motion *laterally*."....."The astragalus was denuded of cartilage, and the cancelli of the bones contained a substance in appearance like red current-jelly." I am at a loss to comprehend on what ground your correspondent should have raised the question of the applicability of division of the tendo-Achillis during the existence of so much actual disease. Surely it never entered into the mind of any body conversant with the nature of destructive disease of an articulation seriously to contemplate or practise the section of tendons with the view of effecting replacement of the luxated bones under such circumstances. I have referred for information on the subject to the lectures on deformities by Dr. Little now publishing in your Journal, and in lecture 3, p. 80, referring to deformities from *previous* disease of joints;—the lecturer states as a caution, "avoid tenotomy until the original disease and any tendency to relapse have completely subsided;" and again, p. 82, "*after* strumous disease of an articulation it is prudent to wait a longer period, or until a favourable change in the diathesis of the individual has taken place. Sometimes, in such cases, we may be compelled to wait even several years before attempting to restore the usefulness of the member." It is evident that the lecturer mistrusted the zeal of some of his hearers; it is certain he will not regret his caution being republished, by Sir, your very obedient servant,

AN ORTHOPÆDIC STUDENT.

London, Dec. 11, 1843.

P.S. Supposing tenotomy to have been applicable in the case described, I should imagine that the part of the tendo-Achillis having been adherent to the skin would not, as your correspondent supposes, have been any impediment to complete subcutaneous section of it.

WESTMINSTER HOSPITAL.

To the Editor of THE LANCET.

SIR,—For a period of some years I have read with great pleasure and advantage to myself the able articles that have been disseminated through the pages of your far-famed Journal; and if my feeble offering will not tend to diminish the reputation you have gained, your inserting my communication will greatly oblige yours very respectfully,

JOHN HOOPER,
House-Pupil at the Westminster Hospital.

December 8, 1843.

POISONING BY OPIUM.

A young woman, apparently of the age of twenty-five, was brought into the hospital on Thursday, at half-past four in the afternoon, suffering from the effects of opium. She was perfectly comatose, the features were totally devoid of expression; the lips were tinged with a purplish hue, and the pupils were contracted to the size of a pin's-head, whilst the eyes were everted and fixed; the heart's action was languid in the extreme, whilst the radial artery at the wrist gave an irregular and weak pulsation at each throb of the heart. Emetics were immediately administered by Mr. Longmore, the clinical assistant, consisting of the sulphate of zinc in scruple doses, the second time with some tartar emetic in addition, but without any effect whatever being superinduced. In consequence of the contents of the stomach not being evacuated, the stomach-pump was had recourse to, but considerable delay was experienced by the disarrangement of the apparatus, which had never been used since it had been repaired, and from some defect it would not answer until half-past five, when Mr. Brock, the house-surgeon, succeeded, with his accustomed skill, in producing the desired effect. So long a time had elapsed that the contents of the stomach were entirely free from the odour of opium, clearly indicating that every particle had been absorbed. About sixpennyworth, in the fluid form, had been swallowed,

which would be an ounce; therefore *twenty-four grains* must have been taken. She was kept continually walking; coffee was administered, &c.; and, strange to say, she recovered. The case is interesting as it proves that the remedial measures in this instance could not have brought about so favourable and unlooked-for a termination, and it shows what nature can do in restoring herself to her accustomed powers, without the intervention of medical science or chirurgical art.

HYDRIODATE OF POTASH.

To the Editor,—Sir: I have just read your very just remarks in THE LANCET on those gentlemen who boast of giving large doses of hydriodate of potass, such as half an ounce, which, in my opinion, would prove fatal if the article were pure. Gr. x, *ter die*, is the largest dose that I have ever given, beginning with gr. iij, *ter die*, with the greatest success (internally) in cases of diseased joints. Externally I have used it with curative effects in the form of ointment, thus:—℞ *Hydriod. pot.*, ʒj; *aq. distill.*, ʒj. Solve, and mix with ℥j of lard; a piece of the size of a large nut, to be used two or three times a day. I have at this moment a case of bronchocele which is progressing favourably under the use of the remedy; the patient has come from Gravesend to be under my care. She was all but suffocated, and left to die, after consultations repeated during eleven or twelve years. I believe I shall cure her. Yours respectfully,

WM. BATTS, M.R.C.S.

George-street, Christ Church, Surrey, Dec. 12, 1843.

THE HORRORS OF MONTFAUCON, AND THE INFLUENCE OF ITS EXHALATIONS ON THE HEALTH OF THE INHABITANTS OF PARIS.

DRAINAGE AND SEWERAGE OF THAT CITY.

TO MEDICAL observers and hygiests, among the many interesting sights which Paris offers, none can be compared with the "voirie" of Montfaucon. Few, however, of our countrymen ever witness its hideous marvels, the Parisians who are acquainted with it, and even they are not numerous, being too proud of the beauties of their fine city to draw the attention of strangers to so unsightly a sore, as it may justly be considered. Indeed, we would not advise any one whose nerves were not inured to scenes even more trying than those which our profession offers to its votaries in the ordinary course of their studies, to risk a visit to the great Parisian charnel-house, if they wish, at least, their recollections of Paris to be all of a pleasing nature. During a long residence in that city the writer had often formed the design of visiting Montfaucon, but never carried it into execution until a day or two before he left, and now he must confess that the lakes and mounds which it presents, mingle in the mind's eye, in a very unsatisfactory manner, with the palaces, the triumphal arches, and the beautiful gardens of the capital of France. We think our readers will be pleased to peruse a brief account of this establishment, which is not only interesting as illustrating the hygienic state of the second city in Europe, but may also furnish a lesson for this great metropolis. These are, indeed, the reasons which induce us to describe Montfaucon, a place so revolting to all feelings of delicacy, that nothing but a deep sense of the importance of the questions involved in a hygienic and even medical point of view, could have induced us to allude to it.

Montfaucon, for ages, has been the great charnel and offal-house of the French metropolis, and, in addition to this honourable destination, it also enjoyed, until the close of the last century, the distinction of possessing within its precincts the gibbet on which malefactors were executed; a dreary scene the said malefactors must have had to close their eyes upon, one certainly not calculated to soothe their departure from this life. The gibbet has long ceased to grace the heights of Montfaucon, but time had not in any other respect shorn it of its horrors, until a year or two ago, when it was partially destroyed, as we shall presently explain. Paris is situated in a valley, through which runs the Seine, and occupies the space comprised between the river and the ridges by which the valley is formed. On the north-west side of the Seine, about two miles and a half from the river, and within half a mile of the Faubourg St. Martin, one of the most populous districts of Paris, are the hills called the "Buttes Chaumont," on the declivity of which we find Montfaucon. Thus this really awful establishment is situated within a quarter of a mile of the boundary-wall of Paris, and within a mile and a quarter of the populous Boulevard St. Martin, one of the most crowded thoroughfares. It occupies a space comprising about sixty acres, from the brow to the basis of the hill; the latter presenting, at its highest point, an elevation of

about a hundred and twenty feet above the city which it limits. Formerly one half of the extent was apportioned to the slaughtering of the Paris horses that age or infirmities had brought to the usual violent close of their labours. Their carcases, along with those of the horses, &c., which died in Paris itself, were left on this spot to putrefy or to be devoured by the legions of rats which have established, from time immemorial, their domicile in the vicinity; this department of Montfaucon, however, has now for some years past, been transferred to the Forest of Bondy, situated about twenty miles from Paris. Anteriorly to this change the remaining half of the inclosure was, and now the whole is, the receptacle of all the immundicities of Paris.

Paris, until within the last few years, was without drains or sewers of any description, although most admirably situated for their establishment, the two halves of the city being built on slopes towards the river, which passes through the centre. Owing to their absence, the pluvial waters, as also the domestic waters of private houses, were made to run through the centre of the streets towards the river. Within the last ten years these foul streams have disappeared in the principal streets, drains having been established which carry off their waters to the river. There are, however, still no sewers connected with the necessaries, nor can we say whether it would be possible to establish them, the supply of water being very scanty indeed. The system formerly pursued has, however, been considerably improved of late. Until within the last few years all the houses, and even now the majority of those which are situated in the poorer districts, had a large fosse excavated in the centre of the foundations, on a level with the cellars, and opening into the court-yard by a circular orifice. It is into this fosse that all the necessaries empty themselves. In a general way, the orifice being covered with a large stone and hermetically sealed, no effluvia is emitted, and the presence of the fosse is not indicated by any external sign to those who live above it. But at stated intervals, once or twice a year, for instance, when it is supposed to be nearly filled, it is opened, and its contents are extracted. As may be supposed, this is a most fearful operation; it is always done in the dead of the night, but, in spite of every precaution, proves a dreadful nuisance, not only to the house itself, but to the entire neighbourhood. There must be few of our readers, having visited Paris, who will not remember meeting more than once, on returning home late, with the paraphernalia which accompanies the proceedings of the night-men: huge carts called "tombereaux," with large tubs or barrels in them—a rencontre of by no means an agreeable nature. The opening of these fosse, and the first labours therein, are not unattended with danger. The mephitic vapours exhaled are so noxious as often to asphyx the men who first enter them, even when chemical and physical means have been previously taken to purify the air. The fluid portion is first pumped out, and then the men descending into the fosse bring out the solid contents in tubs. These proceedings generally occupy from midnight to five or six o'clock in the morning, and the nature and extent of the vapours exhaled will be appreciated when we state that in the adjoining houses, unless the windows and doors be hermetically closed, and often, in spite of such precautions, all the articles of silver are perfectly blackened by the sulphuretted hydrogen.

In the more modern establishments the fosse still exists, but instead of being allowed to fill itself gradually, as those which we have just described, it contains several tubs which are, one after the other, placed under the tubes communicating with the necessaries, and when full are closed and carried away during the night. This latter plan is much preferable to the other, and will, no doubt, in the course of time, be generally adopted. Whatever system be followed, the huge barrels, with their loathsome contents, are finally conveyed to Montfaucon.

Montfaucon occupies, as we have stated, the declivity of the "Buttes Chaumont," a fact necessary to bear in mind in order to understand what there takes place. One half of the upper portion, and the entire lower portion, presents a series of tanks or reservoirs. The two superior tanks are, one underneath the other, separated by a cart-road. The third and fourth are on a line underneath the second; the fifth, sixth, and seventh, are also on a line, and occupy nearly the entire width of the lower section of the area. These reservoirs vary from about three to six or eight acres in extent; the three forming the lower line being the most extensive. They all have shelving banks, and present a depth of eight or ten feet. The cart-road from Paris skirts the side of the area, winding its course beneath large, black, suspicious-looking, mounds or hillocks, until it arrives nearly at the summit; it then turns inwards, and passes between the two upper tanks; this, the terminus of the road, is what they call the "décharge," or discharging place. The more solid portion remains in the first reservoir, the more fluid oozes through a grating situated at the further extremity, and flows down a kind of ravine at the end of the road into the second tank. Here, again, after depositing an abundant sediment, it passes off through a kind of gutter several feet wide and deep, like a foul torrent, into the two subjacent ones, from whence the most liquid portion finally gains the three inferior tanks, there to stay at rest. The contents of the superior reservoirs are in a

semi-solid state, but the inferior ones appear, at least at their surface, to be perfectly liquid. These inferior reservoirs present the aspect of small lakes of urine, and have several boats upon them. We were told by an inspector that several times workmen have been known to fall in, and have always perished, drowned or asphyxed, before assistance could be rendered.

The local description which we have given of Montfaucon will enable the reader to understand what subsequently takes place. The tanks gradually become filled with solid matter, and when this is the case have to be emptied. The period which elapses before they arrive at a state of repletion varies necessarily according to the position they occupy. Thus, the highest one is emptied every six or nine months, the subjacent one every year; those underneath every two or three years, and the lowest only every six or seven years.

When a tank has to be emptied, if there is any superincumbent fluid it is drawn off. The sludge underneath is then dug or scooped out, and carried to an open space, where it is carefully spread on the ground to dry, in a thin layer. When perfectly dry, which it generally is in a week or ten days, if the weather be fine and the sun warm, all the stones and rubbish are picked out, and it is then carried away in wheelbarrows to be deposited on the mounds we have already alluded to. On the day we visited the picking-ground we found a number of women thus employed; some of them were young and good looking, and they all appeared gay and joyous—a strange contrast, truly. The mounds are entirely composed of this manure, which is of a dark black colour, friable, and almost entirely devoid of odour; they are of great extent, and twenty or thirty feet high; indeed, they appear at first sight to be small natural hills. Those portions which are exposed to the air are often covered with crystals of carbonate of ammonia. This latter salt is extracted in great abundance from the fluids which the tanks contain, at a little manufactory situated in the centre of the declivity. The manufactory was established some ten years ago by several chemists, with the permission of the authorities, and has been very successful in its operations.

The manure thus manufactured is sold at a high price to farmers, who come from a great distance to purchase it, and it proves a source of fertility to all the country around. The income derived from its sale is much more than sufficient to cover the expenditure of the establishment.

Connected with the history of Mountfaucon is an important fact, which *à priori* we could scarcely have anticipated, and which we must not pass over, viz., its asserted salubrity as a place of work and habitation. The head inspector, whom we questioned minutely on the subject, stated that the health of all those employed on the establishment was very good; that they were not subject to fevers, diarrhœas, or any other ailments, and that many of the workmen had been labourers there for years without having had a day's illness. The neighbourhood around, which is not a populous one, is also considered healthy. At the hospital Saint Louis, situated about three-quarters of a mile from Montfaucon, loud complaints are made against the vicinity; indeed, the surgeons say that hospital gangrene often sets in among their operated patients when the wind blows from that quarter, an assertion which we think we can substantiate by our own experience, but beyond this the health of the inmates of the hospital, one of the largest in Paris, does not appear to be perceptibly influenced by the above winds.

Whatever may be the influence of Montfaucon over the health of the residents of this part of Paris, its influence over their comfort is undeniable. Whenever the wind blows from the north-west, which it often does for several weeks together, a most pestiferous odour diffuses itself over the entire Faubourg St. Martin, penetrating sometimes to the heart of the city. Indeed, when the wind is strong, and comes directly from Montfaucon, a person not accustomed to this odour can scarcely stay out of doors.

It has always been a subject of astonishment to us that a considerable portion of the inhabitants of Paris should have allowed themselves to be infected for several months every year by so intolerable a nuisance. We have actually seen a house, situated nearly a mile from Moutfaucon, which had recently been painted with oil-colours, turned black in the course of a night; the sulphuretted hydrogen vapours had united with the lead used in the oil-colours and formed a sulphuret. Last year, however, the total destruction of Montfaucon, which had often been contemplated, was finally decreed by the civic authorities. It is to be entirely transferred to the centre of the Forest of Bondy, where, as we have already stated, the slaughtering department is already established. This decision may be said to have been obtained by the Council of Salubrity for the department of the Seine, a board which meets weekly to consider and investigate into all matters connected with the public health and comfort, and in which, fortunately for the public, the medical profession is duly represented. For some years past the efforts of this valuable body, instigated by its medical members, have been most energetically and unremittingly directed to obtaining the removal of this establishment, and they have at last been crowned with success. The transfer of Montfaucon was principally opposed on the ground of the great expense it would entail on the town of Paris. This objection has,

however, been satisfactorily disposed of, and in the course of a few years Montfaucon will have ceased to exist; its destruction will not only add to the comfort and perhaps to the health of a large population, but also will very considerably increase the value of property in an extensive district. The neighbourhood of Montfaucon is literally a desert, as might, indeed, have been anticipated.

On leaving behind you the Hospital of St. Louis, which, in this respect, is very unfavourably situated, on your way to the "Barrière du Combat," instead of the numerous houses and joyous "guingettes" which meet your eye in the other suburbs of Paris, you see only a few cottages of the lowest description. On the road itself, you meet with no horses nor carriages, unless you overtake occasionally a ponderous waggon, with its unsightly load of barrels, slowly wending its way to the great repository. Nothing that surrounds you appears to indicate that you are on one of the chief high-roads to a populous city. As you approach the "Barrière," however, the cause of this desolation becomes so powerfully apparent to the olfactory nerves as to make one feel much inclined to turn back. The distance between the barrier and Montfaucon, which is only a few hundred yards, forcibly illustrates the nature of the establishment you are bound to. On each side of the road are a few low wine-shops, entirely devoted to the solace of the votaries of Montfaucon, with appropriate sign-boards. Here and there the eye catches a glimpse, through the gateway, of large yards, in which are ranged in regular order the peculiar and easily-recognised waggons used by the "trade." These objects form an appropriate introduction to Montfaucon, the climax of all. It is to the very centre of the Forest of Bondy, which is of great extent, many miles in circumference, that this foul nuisance is to be transported. There it may be safely allowed to "waste its sweets on the desert air," although, were we a poet, we should pity the sylvan nymphs who inhabit the neighbouring glades.

The only redeeming feature in this establishment is the saving which it effects of very valuable manure. In London and in other great cities, where the sewers communicate directly with large rivers, or the sea, an immense quantity of manure, sufficient to fertilise thousands and thousands of acres of land, is annually wasted, whilst numerous ships are crossing the ocean to fetch guano, bones, and other fertilising agents. This subject has for some time past attracted the attention of political economists, and various plans have been devised to make the contents of the London sewers available to agricultural purposes. It is, no doubt, very desirable that this end should be attained, as the national wealth would be thereby increased, but it will be very difficult to prevent any other system than the present one from being a permanent nuisance to the community. All, therefore, who should feel inclined to interfere with the existing system, one so efficient and so conducive to the health and comfort of the metropolis, would do well to keep in mind

THE EXAMPLE OF "MONTFAUCON."

LIFE-ASSURANCE OFFICES.

To the Editor.—Sir: An hour previously to my reading the letter to the actuary of the Norwich Insurance-office, Birmingham, in THE LANCET for Dec. 2nd (page 303), I was contemplating a few lines to you on the subject of insurance-office remunerations, as I had just then received a letter, differently worded from the usual style of those circulars.

We are generally greeted with the compliments, of the directors (the singular *compliment* would be quite as well), who request, &c. &c. In this, however, I am informed that the *proposed insurer* himself *desires* them to request that I will favour them, &c. &c., evidently transferring the obligation from the office to the individual. I have, therefore, written to the actuary for information, whether he directed the applicant to present me with a fee, or whether the office proposed to do so. The answer I may transmit to you.

Now, much has been written on this subject, showing the injustice of claiming a professional opinion, requiring very great judgment, and involving the highest responsibility, and a chance, perhaps, of giving offence,—for nothing. It does appear somewhat ungracious to claim from the office a sovereign for an *un*favourable opinion, but much more so from the proposed insurer himself, who is, as it were, put on his *constitutional* trial, found guilty, and debarred from the advantages of an insurance.

The office *advertises* for insurers, and the professional fee, as well as the expenses of their advertisement, should be placed opposite to the very great profits which the directors share? Or, perhaps, a compromise might be proposed (which would, in fact, render applicants more circumspect in proposing themselves). The actuary should require 10*s.* from each applicant *as an office fee*; to this he should add 10*s.* on the part of the office, which should be sent to the medical referee, with the circular. The directors may refuse to adopt this mode, but I challenge them, one and all, to deny its common justice, since remuneration ought to come from some source, and that source should be the parties *most interested*. I am, Sir, your obedient servant,

W. C. DENDY.

December 2, 1843.

THE LANCET.

London, Saturday, December 16, 1843.

CERTAIN branches of inquiry which, in times past, held the rank of "sciences," and exerted considerable influence on the minds of men, have now sunk from their position, and are only remembered as the dreams of the superstitious, or the hallucinations of enthusiasts. It is not to be denied, however, that several of them, although called "visionary pursuits," gave origin to important departments of knowledge, or materially aided students of philosophy in their inquiries into the secrets of nature. Thus, the obligations of natural science to magic, of astronomy to astrology, and of chemistry to alchemy, are universally acknowledged. But, independently of the fair structures of sound philosophy which have arisen on the ruins of the pseudo-sciences, much important truth may still lie buried under those ruins. Admitting that many of the ends proposed in these obsolete inquiries were absurd, and the means employed preposterous, it is questionable whether all their objects were so visionary as is now generally supposed. The "elixir of life" is not to be obtained, and the "universal solvent" is not only impossible to be discovered, but would be useless if it were found; for, as old KUNCKEL shrewdly inquired, If it dissolve everything, in what vessels can it be kept? But a third, and the main object of alchemy—the "transmutation of metals"—is by no means necessarily chimerical, however unlikely to be attained by means of the "philosopher's stone." When modern chemists talk of "simple bodies," they mean bodies which have not yet been decomposed. The metals are probably compound bodies, and may have a common base. If so, what is to prevent future chemists from forming gold and silver by synthesis? Mr. CROSSE "foresees" the galvanic formation of diamonds, and we know that at this moment LIEBIG is busily employed in developing the means of producing, by easy chemical composition, certain medicinal substances which hitherto have been presented to us only as difficult and expensive extracts from other compounds.

A correspondent has led us to these reflections by asking what we think of "the "possible influence of the heavenly bodies on "the living bodies of the earth?" Really we have before thought little enough of the matter. The questions regarding this influence having been involved in the obsolete study of astrology, it has, in modern times, generally been despised by medical writers, although many practitioners of late years, who have resided in tropical climates, have entertained convictions of its reality and importance. Recently, also, the effect of light and heat on vegetable and animal organization, has been much descanted upon at the meetings of various scientific European associations. The known influence of the gravity or attractive power of the sun and moon in the production of the tides, and of the barometrical vicissitudes of the atmosphere, have naturally excited some belief in their indirect influence on the vital actions of animals and vegetables. Indeed, the mass of facts adduced by MEAD, BALFOUR, and various intervening writers, if they do not establish as a truth the silent operation of the solar and planetary bodies on the course of disease, yet reasonably place the question in a position to demand inquiry. If the sun and moon do exercise an influence on man and beast, and on plants, independently of that produced by their light and heat (the power of which no one seems to deny), that influence is not likely to be small, judging from the vast effects produced by sol-lunar attraction on inert nature. But if the powers of the "heavenly bodies" over the human organism were established by observation, an important point of inquiry which has hitherto been brought only into very slight and partial apposition with the subject, would immediately become prominent; namely, the general relation of periodical vital movements—subjects recently

discussed in this Journal with such remarkable ability and ingenuity by Dr. LAYCOCK—to those of stupendous masses of non-terrestrial matter, the movements of which are known to be periodical and invariable. Why is the duration of life so different in different species of animals and vegetables? Why is one plant annual, another biennial, a third triennial, and a fourth perennial? What causes the development of the sexual organs at a particular age? What regulates the term of gestation in different animals? What determines the return of the catamenia in the human female? Why does an ague observe a definite type?

Of these questions, and many others of a like character, the present state of knowledge enables us, in fact, to offer scarcely even the pretence of a *solution*, although we may go so far as to presume that all these phenomena arise from modifications of *some common law of periodicity*, but a distinct gleam of light thrown on any one of them, might indicate the right track of inquiry with respect to them all. Indeed, the more we learn of vital actions in general, the more reason is seen for referring the *susceptibility* of such actions to the living system, but the *exciting cause* of them to extraneous agents,—leading us to speculate that the cause of vital periodicity lies among things that are extraneous to the organism. And, then, in what direction can we search for it with more probability of satisfaction than in that of the great source of periodicity in the movements of inert nature—the source of the *periodical* revolution of the planets, the *periodical* ebb and flow of the tides, the *periodical* return of the seasons? This would constitute a solution of the riddle which we do not profess to give with the weight of an editorial pronunciation. We can only coin it on behalf of speculators, in the absence of any other that is more rational. We profess not even to advocate it hypothetically. But the suggestion may be acceptable as a *point de depart*, whether to the right or the left. A very considerable, though now heterogeneous, mass of facts, tends to prove that an influence, independent of that of light and heat, is exercised on living bodies by the sun and moon, and hence, perhaps, in minor degrees by the surrounding planets. As we have already observed, the belief in this influence is very prevalent among medical practitioners who have been long in tropical climates, where the natives themselves attribute to the moon a greater interference with mundane affairs than Europeans will ever be induced to concede to that modest satellite, which very fortunately for our reputation for virtue on earth, is never seen to go so far as to blush; at least no record of the fact is to be found in the ingenious treatise of Dr. BURGESS, far and wide as have been the speculations of that inquirer on the subject of blushing.

Upon the whole, considering the temptations of the topic, we wonder that something rational on the matter which we have thus touched upon, has not before issued from the press. Many opportunities exist of accumulating and classifying facts on solar, lunar, and astral influences, whether altogether on the body, or solely on the mind. Astrology, now shrouded in the night of ages, cannot be revived in its ancient form; yet, from an independent pseudo-science, who can say that a system of facts tributary to medicine will never be formed—an intelligent child born of a distracted, deformed, deserted mother?

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, November 28, 1843.

EDWARD STANLEY, Esq., F.R.S., President.

On the Cause of the occasional Presence of Spermatozoa in the Fluid drawn from the Sac of the Common Hydrocele of the Tunica Vaginalis. By JOHN DALRYMPLE, Esq., Surgeon to the London Ophthalmic Hospital.

THE author commenced by referring briefly to the cases published in the last volume of the society's Transactions, in which spermatozoa were found in the fluid drawn from both encysted and common hydrocele. According to his own observations these bodies are generally much more numerous in the former than in the latter form of the disease, and the explanation which he offered of the mode in which they become mingled with the fluid of common hydrocele, when

evacuated by the trocar, was the following. He quoted the authority of Scarpa to show that when the tunica vaginalis becomes distended with fluid the different vessels of the spermatic cord are separated from each other, to a greater or less distance, owing to the gradual expansion of the membrane, and the epididymis and vas deferens are, consequently, removed out of their natural places in reference to the body of the testicle. He likewise presented to the society a preparation, with a drawing of a hydrocele, in which that condition of the tubes of the testis was exhibited. The testicle was situated at the posterior and inferior part of the sac, and somewhat internally; the vascular cord was seen running along the posterior wall, the vas deferens being about one inch distant from it and to the outside. At the lower part of the sac the vas deferens approached the testis and made a few large coils, from which commenced the lower head of the epididymis. As the body ascended again it was seen to be separated to the distance of an inch and a half from the testis, and to lie on the lateral aspect of the sac. Above the testis the position of parts was as follows:—The vascular cord at the most posterior part of the sac; the vas deferens next to it, but distant about half an inch; and, lastly, the epididymis, still more external and anterior to the vas deferens. At the upper part the epididymis suddenly crossed the vas deferens, and descended, in a curved line, towards the body of the testicle, in which it finally merged. The author concluded by expressing his opinion that in cases of common hydrocele the epididymis and vas deferens are placed by no means out of danger of being punctured by the trocar, in the operation of tapping, and added, that the wounding even of a single tube might well afford the few spermatozoa found in the specimens of fluid referred to above, the more especially when we remembered the squeezing often made to evacuate the few last drachms of the contained fluid.

Mr. Lloyd had frequently found spermatozoa in the fluid both of encysted and common hydrocele. He questioned, however, the correctness of the explanation given in the paper respecting the cause of the presence of these animalculæ in the fluid of common hydrocele; for, although he was willing to admit that such an injury as a wound of the vas deferens *might* be inflicted, he thought it by no means probable that it would. He grounded this opinion on the situation of the duct in question in hydrocele, on its small size, the thickness of its coats, and the difficulty that he had experienced in cutting into it with a sharp lancet, even when it was out of the body and held firmly between the finger and thumb. He considered that easier modes of explanation than a wound of the vas deferens could be found, although these were not perfectly satisfactory. One of these modes might consist in the formation of an abscess in the body of the testicle itself, or of the epididymis, which suppuration might extend into the tunica vaginalis and form a sinus, through which the spermatozoa might escape. He suggested that in the encysted hydrocele the presence of spermatozoa might be explained as the result of a vicarious action, similar to that occasionally observed in amenorrhœa and other disorders in which the function of any particular organ was interfered with, and nature effected a relief to the system by the production of a vicarious action. He was more inclined to this opinion from the fact of nucleated cells, similar to those of the tubuli seminifera, being found in other parts of the body and in the fluid of encysted hydrocele. He had observed the same cells in the natural secretion of the tunica vaginalis of the bull. If, then, from any cause, the function of the nucleated cells existing in the testicle were suspended, might not the vicarious action which he had mentioned occur in the nucleated cells of the tunica vaginalis. He instanced the finding of hairs, portions of bone, &c. in the ovary, in support of his opinion.

Mr. Dalrymple remarked that Mr. Lloyd had somewhat misunderstood him, for it was not the vas deferens which he thought might occasionally be wounded by an accidental thrust of the trocar, although it would be allowed that we occasionally effected by accident that which we in vain attempted by design. It was the epididymis which he suggested might be wounded in the operation of tapping, and looking at the position of that body in cases of hydrocele, and the manner in which it was spread out, he was still of that opinion. The puncture of a single tube would readily explain the presence of the few spermatozoa occasionally found in the fluid of common hydrocele, but he admitted that this explanation was not sufficient to explain the almost innumerable quantity of these animalculæ in encysted hydrocele. Looking at the rarity of the presence of these little bodies in cases of common hydrocele, and at the very few of them usually found, he saw no reason to doubt the correctness of the explanation which he had given. He had tried to explain the circumstance in every other way, and none were at all so probable as that which he had suggested; the only other origin of these animalculæ which he could at all imagine was the rupture of a seminiferous tube, but this occurrence was of a most doubtful probability. With respect to Mr. Lloyd's opinion, that in these cases there might be a communication formed between the testicle and the cavity of the tunica vaginalis, in consequence of the formation and bursting of an abscess, he (Mr. D.) thought the history of the case would

decide whether this had been the cause. He doubted, however, whether such a circumstance could explain away the difficulty, for in such a case the fistulous opening would remain, and a large number of spermatozoa would escape, and would die in a short time, whereas a recent puncture of the epididymis would explain the cause of the presence of the very few animalculæ and of their vitality. He knew the difficulty of supposing that a surgeon would willingly admit that he had wounded the epididymis, an accident which might be followed by the abolition of the function of the organ on that side. With respect to the suggestion of Mr. Lloyd, as to the occurrence of vicarious action, as explanatory of the presence of spermatozoa in the fluid of encysted hydrocele, he thought the idea could not for a moment be sustained, no instance of what we called "vicarious action" bearing any analogy whatever to this case. The anatomical fact regarding the vas deferens, in the paper, was by no means new, and had been mentioned by various authors.

Some discussion followed between the two last speakers as to the real nature of the "nucleated cells," which had been found in the fluid scraped from the tunica vaginalis of the bull. Mr. Dalrymple suggested that these might be epithelial cells in their early stage, but Mr. Lloyd was convinced that they were nucleated cells, similar to those found in the tubuli seminifera.

Cases of Carcinoma of the Thyroid Gland. By Cæsar Hawkins, Esq., Surgeon to St. George's Hospital.

The author began by adverting to the common opinion that malignant tumour rarely commences in the thyroid gland, and stated his belief that this body is more frequently the seat of primary schirrus than is usually supposed. In confirmation of this view he related, in the first place, a case which came under his care in 1837, where the tumour appeared to be of that nature, but in which he had not the opportunity of making a post-mortem examination to verify his diagnosis; and he then alluded to four other cases which had come under his observation. He remarked that the age of the patients, when the disease commenced, was from forty-five to sixty-five, at which period of life ordinary bronchocele very seldom takes place, and the tumours most likely to present themselves are the serous tumours developed in or near the thyroid gland, or the cartilaginous and osseus degenerations lately described by the term enchondroma. Having pointed out the diagnostic marks by which these tumours may be distinguished, and dwelt on the chief characters of carcinoma affecting the gland, he proceeded to relate the particulars of a case recently under his care in St. George's Hospital, this description being illustrated by coloured drawings made during the life of the patient, and from the morbid parts found on dissection, and by preparations.

Without following the author through the details of the case, it may be mentioned that the tumour, which extended on both sides from the thyroid gland, was found to have attained a large size, and the parts adjacent to the larynx and œsophagus were involved in its texture, which presented the usual appearance of true schirrus. A large ulcer opened on the surface of the œsophagus, where the tumour adhered to that tube, and another ulcerated opening led into the trachea, immediately below the cricoid cartilage. The right internal jugular vein was closely adherent to the tumour, it having been absorbed at one part and a small portion of the morbid structure having projected into its interior. The pneumogastric nerve was much flattened, and its fibrils were separated so as to present a plexiform appearance; the carotid artery was deeply imbedded in the tumour. In describing the thyroid gland the author observed that this body had nearly disappeared, the only part remaining being a small portion of the left lobe intimately joined to the tumour, so as to show that they were originally parts of the same body; and there was a complete line of demarcation between the two structures.

Mr. Bransby Cooper inquired what proof there was in Mr. Hawkins's case that the tumour of the thyroid gland was "malignant." Had any portion of the growth been subjected to microscopical examination? He thought the local mischief might explain the cause of death in this case, and seeing that no important organ of the body was affec'ed with "malignant disease," and how very unlikely was the thyroid body to become schirrous—an instance of which he had never seen—he saw no reason to decide that the case before the society was really one of a malignant nature.

Mr. Cæsar Hawkins was not aware that any portion of the tumour had been placed under the microscope. He pointed to the fact, which Mr. Cooper had either misunderstood or forgotten, of the presence of medullary disease in the lungs.

On the State in which Uric Acid exists in the Urine. By H. Bence Jones, M.A.

Berzelius mentions Dr. Prout's view of the uric acid existing as water of ammonia, and then states his own, that uric acid is most frequently in an uncombined state, though modified by the presence of other matters. Dr. Prout adheres, in his last edition, to his own opinion. Dr. Simon thinks that the urine may contain free uric acid and also water of ammonia. M. Becquerel considers uric acid to exist combined with colouring matter and extractive matters. I first examined the appearance and properties of the reddish deposit obtained from urine by

evaporation under the air-pump. When examined with the microscope this is always in the form of minute globular particles, too small to be measured. Some of the deposit was washed with alcohol, dried, and dissolved in boiling water; after standing ten hours no deposit took place, so that the point of saturation might not have been reached. A weighed quantity of fluid, at a temperature of 64° F., evaporated to dryness, showed that one part of the residue was dissolved in, at most, 1349 parts of water.

Some urine, which, on standing twelve hours, gave a deposit, was filtered. A weighed quantity of the urine at 64° F. showed that one part of uric acid remained in, at most, 2789 parts of urine.

Healthy urine, specific gravity 1027, evaporated in vacuo until it gave a deposit, was filtered. A weighed quantity of the clear fluid showed that one part of uric acid remained in, at most, 2789 parts of urine.

M. Becquerel states that the usual quantity of uric acid is one part to between 2000 and 3383 of water.

M. Lecanu states that the quantity of uric acid is one part to 780.1030 of water.

I then examined the appearance and properties of pure urate of ammonia, obtained by boiling strong ammonia with uric acid. Under the microscope this substance is seen to consist of small needles which form tufts and crosses.

In slightly ammoniacal solution one part of urate of ammonia required 1118 of ammoniacal water to hold it dissolved. When perfectly dried over sulphuric acid in vacuo

	First.	Second.	Third.	Theory.
Uric acid	87.65	87.09	86.40	86.58=1 eq. uric acid.
Ammonia	9.32	9.29	9.12	8.77=1 eq. ammonia.
Loss	3.03	3.62	4.48	4.63=1 eq. water.

I tried in every way to obtain another urate of ammonia, but did not succeed.

I then tried if the needles could be modified so as to have the appearance of the ordinary urinary sediment.

When the needles were boiled with healthily acid urine they were dissolved, and, after a time, a deposit took place precisely the same as the urinary deposit. When cold, the clear urine was again poured off and re-boiled with fresh needles, and the ordinary deposit took place again, as it did also a third time.

To a hot solution of the needles in water so little urine was added that the deposit, on cooling, was quite uncoloured; with the microscope it consisted of globules.

Some of the needles were dissolved in hot water and some pure urea was added; still the deposit, on cooling, consisted of needles.

Excess of uric acid was used, and still needles.

I next tried common salt. With this the deposit was precisely similar to that of urine. In making this experiment I observed that the deposit was far less than with pure water, and I found that one part of urate of ammonia, with rather more than one part of salt, require only 466 parts of water at 71° F.

One part of urate of ammonia with nearly two parts of salt, required only 468 parts of water at 67° F.

One part of urate of ammonia with nearly two-thirds of one part of salt required 703 parts of water at 68° F.

These, and the previous results, may be compared in the following table, the experiments having all been made in hot saturated solutions, which stood until they deposited crystals. (See top of next page.)

From these experiments it appears that urate of ammonia, when dissolved with about an equal weight of salt, acquires a greater solubility in water, and a different appearance from pure water of ammonia.

The appearance is identical with that deposit obtained from urine, and the solubility beyond the largest quantity which Lecanu observed in the urine.

I next tried what effect salt would have upon uric acid; I found one part of uric acid remained dissolved in 8441 parts of

the needles were re-dissolved, and the solution reddened blue litmus-paper.

In water which was perfectly pure some needles were dissolved. After standing twelve hours to give a deposit of urate of ammonia, the solution was filtered. A quantity weighed at a temperature of 69° F. showed that one part of urate of ammonia remained in 897 parts of water.

A second experiment, at 67° F. gave one part of urate of ammonia to 1012 of water.

A third experiment, with needles prepared at another time, gave one part of urate of ammonia to 996 of water, at 69° F.

A fourth experiment, in which evaporation took place under the air-pump in vacuo, gave one part of urate of ammonia to 1018 of water at 59° F.

By exposure for a considerable time to heat, even below 212°, the needles of urate of ammonia are decomposed, and crystals of uric acid may be detected with a microscope.

If, to a solution of these needles, which is just so strong that it gives no precipitate on standing twenty-four hours, the smallest quantity of very dilute liquor of ammonia or small quantities of the muriate, sulphate, or acetate of ammonia, are added, a deposit falls in a few minutes. The precipitate is, with the two last, changed in form, no needles are seen, only globules. On the addition of an acid the needles, after a time, undergo a change.

By three analyses of the needles I obtained, in 100 parts of the substance,

In ammoniacal mother liquor, at	65° F.	1 urate of ammonia to.....	1118 water.
In pure distilled water	67° F.	" " " "	1012
" " "	59° F.	" " " "	1018
" " "	69° F.	" " " "	897
" " "	69° F.	" " " "	996
Little salt and distilled water	68° F.	" " " "	703
More salt	71° F.	" " " "	465
Most salt	67° F.	" " " "	468

If a great excess of salt was used the urate of ammonia became as insoluble as in pure water.

water at 68° F.; and one part of uric acid with salt remains in 7199 parts of water at 64° F.

These results tend to establish Dr. Prout's opinion, showing how urate of ammonia is modified in form and in solubility.

The experiments may give a further insight into the various causes of the frequent deposit of urate of ammonia which occurs in healthy urine.

Salt may increase or diminish the solubility of urate of ammonia, as it is in moderate quantity or great excess. The sulphate, acetate, and muriate of ammonia lessen the dissolving power of water. Each salt that occurs in the urine has most probably some effect on the solubility of the urate of ammonia, and it may be by a very extended inquiry into the relative reactions of the different salts, that we may arrive at an accurate knowledge of the occasional deposits in healthy urine.

Cysticercus Cellulosæ of the Brain. By Drewry Ottley, Esq. Communicated by John Forbes, M.D., F.R.S.

The author remarks that the presence of cysticerci in the brain is sufficiently rare to warrant, he thinks, the communication of a single case, which, moreover, possesses an interest, as being the only one, as far as he can discover, in which an opportunity was afforded of watching the progress of the disease from an early period, and also from there being no complication likely to disturb the cerebral functions, so that the symptoms observed were clearly due to the parasitic animals.

The patient was a woman ætat. 40, for many years suffering from emphysema of the lungs and bronchitis. In the early part of 1838 she began to complain of frequent giddiness and a dull, stupefying pain in the head. In July of that year she suffered from temporary numbness and loss of power in the right hand and arm, with some confusion of intellect and difficulty of articulation. Cupping relieved her, but the symptoms returned, and after a time the giddiness became more constant, and the loss of memory and confusion of intellect more considerable. In 1839 she became subject to fits, during which there was entire loss of consciousness and convulsions; they differed from epileptic fits in being less sudden, both in their invasion and their termination; the recovery from them was, also, slower, for she would often remain for two or three days in a stupefied state. During the last twelve months of her life the pain in the head was constant, though never extremely acute; her sight became dim, and the convulsions occurred more frequently. At the end of October, 1840, after frightful convulsions for twenty-four hours, she expired. The state of the brain after death is thus described:—The vessels on the surface of the brain were somewhat congested, and the sub-arachnoid cellular tissue infiltrated with serum; numerous small fibrous cysts were found in the pia mater, covering the surface of the hemispheres, and dipping between the convolutions of the brain. The cysts were present on both sides, but were most numerous on the surface of the left hemisphere; they varied in size from that of a pea to less than a pepper-corn; they were seated in the pia mater, but had become partially imbedded in the grey matter of the convolutions. None existed in the white matter, in the central ganglion, or in the choroid plexus; a few were found at the under surface of the cerebral convolutions, but none either in the cerebellum or medulla oblongata. The cerebral tissue around these cysts appeared natural as to colour and consistence, and the brain generally, except for the presence of the animals, would have been termed healthy. There was rather more fluid than natural in the ventricles and at the base of the brain. Several of the cysts were afterwards examined, and each was found to contain a vesicular worm, consisting of a posterior transparent vesicle, in which the anterior cylindrical portion or body, furnished at its extremity with four suckers and a double circlet of hooks, lay retracted like the finger of a glove turned in, and could be expelled by gentle pressure on the containing vesicle; in short, answering exactly to the description given of the cysticercus cellulosæ of Rudolphi.

MEDICAL SOCIETY OF LONDON.

Monday, December 4, 1843.

Mr. Pilcher, President.

ERYSIPELAS.

Dr. Clutterbuck, in allusion to the discussion at the last meeting, explained that he confined his remarks to the more ordinary form of erysipelas, affecting the head and

face. He proceeded to remark that he considered the term erysipelas should be confined to cases in which the skin only was affected, and considered the definition of Cullen respecting the disease to be the most correct, "an inflammation of the skin tending to spread around."

We regret that we have not space to give in full the observations made by Dr. Clutterbuck, and that we must content ourselves with a summary of the copious report sent to us. The chief points insisted on were the facts that erysipelas was of the nature of all other inflammations, but modified by the structure affected—that the skin being an organ of sense influenced more or less the brain, and particularly so when the erysipelas affected the head and face. This injurious influence might amount to mere irritation, or extend to inflammation, but, generally speaking, it did not require very active treatment either by blood-letting or stimulants. He was still of opinion that the passive or palliative treatment, such as he had advocated at the last meeting, was the most likely to be generally successful.

In the conversation which followed, the subject of the contagious nature of erysipelas was discussed. No facts, however, on either side of the question were advanced, but the president was of opinion, from his own experience, that the disease never was contagious, although it might certainly become epidemic in hospitals, from persons breathing constantly the impure atmosphere surrounding those persons affected with the disease. He mentioned, also, in regard to the treatment of the affection, that a physician of much practice in London was so confident of the value of the nitrate of silver in this affection that he went so far as to assert that when a strong solution of this chemical was applied sufficiently early over the inflamed surface it invariably succeeded in effecting a cure.

LUPUS.

A case was afterwards read (from the pen of Mr. Stedman) of lupus exedens. The patient was a strong and previously healthy young lady, of dark complexion, and twenty-five years of age, when the disease first affected her. The detail of this truly distressing case would offer no valuable hints to the practitioner, as it seemed to set all remedies at defiance, and progressed more or less rapidly during a period of about twelve years until it destroyed the unhappy patient. At intervals she was free from pain, but at other times the agony was so excruciating that it was most painful to witness her sufferings. She had the advantage of the attendance of the most experienced medical practitioners, among whom was Sir A. Cooper; a variety of local applications were made to the affected parts, among which were nitric acid, iodide of mercury, and oxide of arsenic. The first seemed the only application which exerted any beneficial influence over the ulceration, but this was only temporary, and the use of the third was attended with such extreme pain that it was not thought advisable to repeat it. The narrator of the case concluded with the following remarks:—"The only application which afforded relief to the pain was a mixture of mucilage, lime-water, and laudanum. I have no doubt it will be said that this was an aggravated form of lupus, but have we not many specimens in our museum showing an equal extent of disease? I have had some opportunities of seeing lupus in different forms, and I can speak with confidence of three varieties. The one related in this paper is the lupus exedens of authors, it is deep-seated, attacking the skin, cellular membrane, and tissues beneath of every texture, even the bones. The treatment in this form is most disheartening; in short, I believe that there is no cure. By the application of powerful caustics the progress of the disease may be kept in check, even for years, but I have never seen a case perfectly restored. The second form is the lupus non-exedens, one of a milder and less virulent type than the former, but still one that admits of no cure, although it does not go on to the destruction of life. The disease is confined to the skin and cellular tissues, it extends over a large surface. Tubercular indurations spring up about the face and neck, or tip of the nose, which, in process of time, desquamate, not with the sanious discharge of the former kind, but with a tendency to thicken, the skin assuming hypertrophy. On desquamation the tubercles become livid, a puckering of the skin takes place, with deep and linear indentations, new tubercles arise around the former, and new indentations go on; so that in course of time the affected part has a map-like appearance, somewhat like, though closer than, the interstitial sulci of the convolutions of the pia mater and arachnoid membrane on the surface of the brain. I know several persons suffering from this form of lupus, having been twenty years so afflicted. Not unfrequently these two forms, which may, and do exist separately, combine, and we have examples of both in the same patient. The third form is of a more superficial character, it is only skin-deep,—it attacks the cartilage and alæ of the nose, or the cheeks. Applications of nitric acid, iodide of mercury, chloride of zinc, arsenious acid, and many other remedies, will arrest its progress and effect a cure. I have seen a large, denuded surface submit to treatment, more particularly when combined with those medicines administered internally as usually given in scorbutic or scrofulous constitutions. Females are most frequently the subject of lupus. They are often attacked at an early age; those are most prone to the disease in

whom there is a deficiency of the menstrual discharges, or in whom the menstrual period has begun late in life."

In the discussion which followed this case the chief question mooted was the connection of the cases of lupus with scrofula. Was there such a connection?—Mr. Pilcher had found that in cases of the more formidable character the patients were usually brunettes, while those in whom the disease yielded to remedies quickly possessed light hair, fair complexions, and other characteristics of scrofula. He had found in mild cases the repeated application of leeches to the affected parts most beneficial. Was the liquor hydriodatis arsenici et hydrargyri of service in these cases?—Dr. Bennett had found it of no service whatever in cases of chronic eczema and psoriasis; but, on the contrary, it had produced great irritation of the mucous membrane of the intestinal canal; but in ordinary cases of lepra and psoriasis he had found it of service.—Dr. Willis had used this preparation in various skin diseases with a good result.

December 11, 1843.

REMOVAL OF A LARGE OVARIAN TUMOUR.

Dr. Frederic Bird this evening introduced, for the inspection of the society, a large ovarian tumour, which he had recently removed with success from a young lady, aged 21. The tumour was of an ovoid shape, somewhat irregular at its inferior portion, covered by numerous minute arterial ramifications having their origin in two large trunks. The total weight of the tumour was twenty-seven pounds. The disease had existed for about two years, but its development had been so gradual, and the consequent abdominal enlargement so slow, that the patient was for a time unconscious of the presence of disease. During the first twelve or fifteen months few local symptoms occurred to mark the progress of her malady, and the general health was not materially interfered with. Menorrhagia, however, had frequently occurred. Several physicians of deserved eminence saw the patient, and remedies of every kind were judiciously and perseveringly employed, but without avail; the abdomen continued to enlarge, increasing more rapidly in the last six months, during which period her general heal h became impaired. About a month ago Dr. Frederic Bird was consulted, at which time the abdomen was found to measure nearly forty inches in circumference, and about fifteen from pubis to ensiform cartilage; fluctuation was distinct; no signs of peritoneal adhesions existed, and the powers of the patient, although depressed by mental suffering and the continuance of her disease, were yet sufficiently good to enable her to bear the operation for extirpation. The operation was performed as in the case in which he had previously operated; an exploratory incision of an inch and a half in length was first made a little below the umbilicus, and having ascertained, by the effect of respiration upon the position of the tumour, and by manual examination, that no peritoneal adhesions existed, the excision was enlarged to about five inches towards the pubis; the tumour was next grasped and opened, and without any forcible traction, rose from the abdominal cavity, and, by the continued flow of fluid, served to completely close up the wound and prevent the admission of air. The lower part of the tumour was then grasped, but the peduncle attaching it to the uterus was so ill-defined and so very short that the attachment was nearly sessile. A ligature was first made to encircle the principal artery, situated in that part of the attachment nearest to the fundus of the uterus; two other ligatures were then introduced, and the cyst was removed. Some care was required in effecting this object, as so little room existed for the passage of the knife between the ligatured portions and the sac; the external membrane of the latter was cut through, but the cavity of the cyst was not opened. The tumour being thus removed, the lips of the incision were brought together by several sutures, the ligatures fixed at its lower edge, and cold-water dressing applied. Reaction of a high character came on in about six hours, and was met by appropriate remedies; from that time not an untoward symptom occurred to retard the rapid convalescence of the patient; the ligatures have all come away, the wound has healed, and recovery is complete. Dr. Bird remarked that the return to health in the present case had been even more rapid than in that in which he had previously operated, and if it were carefully considered it would be found to furnish much additional evidence in favour of the method of operating he had advocated. He believed that a very large incision, admitting of the removal of the tumour in its entire state, was unnecessary in the great majority of cases. It was true that by such procedure the operation was more easily performed, but the complete recovery of the patient was less probable. He alluded especially to the condition in which patients are subsequently left in whom large abdominal incisions have been made; reunion of the parietes does not take place in a perfect manner, and the liability to hernial protrusion is very great. He wished, however, not to be understood as advocating the employment of a very small incision; but that an opening sufficiently large to admit the hand, and thus permit of the removal of adhesions, and the application of the necessary ligatures, was all that could be required, and for this purpose an incision of five inches would suffice, and would secure to the patient every probability of success without incurring a liability to

future disease. Dr. Bird said that he had been induced to bring the case before the notice of the society from the conviction that every addition to the practical acquaintance with the operation was of importance; he had pleasure in relating the case, and in stating its very successful issue, but had it been otherwise he would still have given it an equal degree of publicity. It was from faithful statistical records alone that the relative value of the treatment of ovarian disease by operation could be determined. Some successful cases had been urged into great publicity, but there had been also cases in which death had been the result of the operation, and of them, beyond mere rumour, the profession knew nothing. He trusted that they would yet be made public, and that medical practitioners might thus be enabled to speak with greater accuracy than at present of the probabilities of success or failure. Dr. F. Bird, in reply to questions on the subject, said that the diagnosis of ovarian from other abdominal tumours was still enshrouded in much difficulty, and cases had occurred in which operations had been contemplated, and even begun, when the supposed ovarian tumour was found to be enlargement of some other organ. He was not disposed to attach much importance to the previous history as regards the part of the abdomen in which the tumour was first observed; in the greater number of cases he had seen it had generally been described as having commenced in the middle of the hypogastric region, whilst in others attention had not been drawn to the disease until it had obtained considerable size. The state of the menstrual function was of greater value, the occurrence of menorrhagia being a most frequent sign. Vaginal examinations were very important aids, although in the case he had related circumstances existed rendering it desirable that such mode of inquiry should not be had recourse to, and he had therefore not employed it. Percussion of the abdomen he regarded as a very valuable assistance in forming a diagnosis; firstly, in reference to the uniform dull sound elicited from every part of the abdomen occupied by the tumour; and, secondly, to the detection of fluctuation, which, in those cases, having the ovarian tumour entirely formed of a single collection of fluid, would be found to exist in an equal degree in every part; whilst, if any solid growth were also present, the indistinctness, absence, or different character of the fluctuation, would serve to declare its presence and locality. But in all doubtful cases he would have recourse to a means which he had formerly suggested, namely, that of introducing a small trocar at one or more points, and examining the character of the fluid; or the whole of the secretion might be removed, and the abdominal walls rendered flaccid, and readily admitting of a most accurate manipulation, thus to allow of the detection of any other coexistent disease. Such a proceeding would not militate against the success of a subsequent operation for extirpating the diseased organ.

Dr. Clutterbuck and other members eulogised what they regarded as the candid and lucid manner in which Dr. Bird had detailed the particulars of his case and the danger of the operation.

In the discussion which ensued, the chief points dwelt upon were the difficulties of diagnosis in cases of abdominal tumours, and the relative advantages of the large and of the moderate sections in removing diseased ovaria. Cases were related to show that ovarian tumours might be mistaken for other abdominal swellings, and *vice versâ*. It was generally considered that the large section was the easiest for the surgeon, but not the safest for the patient. It was still an operation attended with such danger that it could hardly be called an established one. An earnest wish was expressed by the president and others that all cases, whether successful or otherwise, should be published, for it was only by such a honest and candid proceeding that the real value of the operation could be determined.

WESTMINSTER MEDICAL SOCIETY.

Saturday December, 2, 1843.

Mr. Fisher, President.

After the admission and proposal of new members,

The President stated that within the last year or two he had used the chlorate of potash in five-grain doses every second hour, in cases of sore throat connected with scarlet fever, wine and stimulants being used at the same time. He had found the remedy in question of very great benefit when the throat was in a sloughy condition.

Mr. Chance introduced a cast of a case of congenital hernia of both sides. The peculiarity of the case consisted in the hernia being confined to the groin, and in the fact of the testicles not having descended; the bowel could be returned, but even then the testicle could not be detected either in the groin or in the scrotum. Mr. Chance inquired if any members had seen cases of congenital hernia confined to the groin, as Pott had remarked that he had seldom, if ever, seen such a case.

Mr. Hancock did not think Mr. Chance's case was by any means a rare one, and lookingly attentively at the cast he should decide that the bowel was not confined to the groin, but had commenced its descent into the scrotum.

Mr. Hale Thomson had seen many cases of congenital hernia in which the bowel was confined to the groin, but he did not recollect any such in which the testicle had not

descended. He had observed in these cases that the hernia rarely became scrotal if a pad or compress were applied.

Mr. Snow related a case of congenital umbilical hernia. There was a swelling as large as both fists, and containing the small intestines. The cord was tied close to the abdomen, the bowels having been first returned, and the case did well.

A Member had seen cases of congenital umbilical hernia, but not of such a size as the case just related. The remedy was such as had been resorted to in Mr. Snow's case.

Dr. Reid related a case to show the extent to which hæmorrhage from the uterus might occasionally occur. The present case was one of twins, and the practitioner in attendance, without being aware that there was a second child in the uterus, tore away a portion of the placenta of the first child, in the attempt to arrest profuse hæmorrhage. For twelve hours there was no hæmorrhage, but at the end of that time the second child was born, and was very pale and flabby; in fact, quite exsanguinated. The two placentæ were found joined together by the edges. He considered the facts of this case proved the existence of a vascular connection between the two placentæ. Dr. Reid also remarked that some few years ago he would not have believed that a person could introduce the hand fully into the uterus and not detect that there was a second child. He had, however, on one occasion done so himself. The case was one of twins. He turned the first child. He thought in this case that the uterus must have been biocular, as he felt his hand against its parietes.

Mr. Hardwicke detailed some particulars of a case of strangulated umbilical hernia accompanied by the usual symptoms, and terminating fatally. Its presence had been overlooked by three or four surgeons who had been in attendance on the patient. He related the case to inculcate the necessity of making an examination with respect to hernia, where the symptoms of that condition existed.

Some discussion followed respecting medical evidence at inquests.

In the course of the evening Mr. Hughes, a blind gentleman, exhibited a new alphabet for the blind. It is very simple in its formation, and attracted much attention.

December 9, 1843.

POINTS IN VACCINATION.

The society was occupied this evening in discussing some points respecting vaccination. In answer to several questions Mr. Marson, of the Small-pox Hospital, observed that he was satisfied, from considerable experience, that it was advisable to make several punctures in the expectation of obtaining as many vesicles. He usually obtained four vesicles, and was confident that a person with that number was more protected than one with less. Mr. Leese, of the National Vaccine Institution, did not think a person permanently safe unless he had at least four vesicles. Several members agreed with these opinions. With respect to the mode of vaccinating, Mr. Marson thought it of little importance whether there was little or much blood provided the lymph were well inserted; this he took care to do, and was not particular respecting the depth of the puncture. He prevented the occurrence of bleeding until the lymph was fairly inserted by placing his thumb over the puncture, the skin having previously been put on the stretch. Mr. Leese made as superficial a puncture as possible, and was anxious to prevent the escape of any blood. The best time to vaccinate was about the fourth month. The best mode of taking vaccine matter was on the lancet, or by points, as it was generally more effective when so taken. With regard to the eruption occasionally accompanying vaccination, Mr. Marson said that it usually appeared in the warm weather from the eighth to the tenth day after the insertion of the lymph, and during the stage of areola, that it was best described by the term papulæ, and most resembled lichen; that sometimes a slight effusion of lymph took place and gave it a vesicular appearance; he had several times endeavoured to propagate the disease from these vesicles but without effect. He looked upon the appearance of the eruption as rather favourable than otherwise, and as an evidence that the vaccination had thoroughly affected the system; it usually subsided, without further trouble, after two or three mild doses of aperient medicine.

REMARKABLE DEFORMITY OF THE CHEST FROM TIGHT-LACING.

Mr. Snow said that he had lately met with a case of deformity of the female chest from tight-lacing, which had proceeded beyond the usual degree. A young woman afflicted with dyspepsia complained, amongst other things, that her two breast-bones overlapped each other, and were an annoyance to her in stooping. She was told that she had but one breast-bone, but persisted that she had two; and on an examination being instituted, it was found that the conjoined cartilages of the false ribs, instead of diverging from the sternum to either side in the natural manner, were pressed towards each other so as to meet in the median line, and completely obliterate the pit of the stomach. This hollow consequently had no existence, and the ribs entirely surrounded a considerable portion of the abdomen. This was a kind of deformity commonly produced by stays, but he had not known it proceed to the same extent. The patient had been directed to leave off the tight-lacing, and to use some

exercises to dilate the chest, but she was gone into the country, and he (Mr. S.) could not state the result.

UNIVERSITY OF LONDON.

CANDIDATES ON WHOM THE DEGREE OF M.D. HAS RECENTLY BEEN CONFERRED (DEC. 1843).

First Division.

*Garrod, Alfred Baring, University College.
†Heaton, John Deakin, University College.
Smith, Edw., Queen's College, Birmingham.
Way, William, University College.

* A certificate of special proficiency in medicine was awarded to Dr. Garrod.

† A certificate of special proficiency in medicine, and a gold medal for a commentary on a case in medicine, were awarded to Dr. Heaton.

HONOURS AWARDED.

Medicine.

Garrod, Alfred Baring, University College, gold medal.
Heaton, John Deakin, University College.

BACHELOR OF MEDICINE.—HONOURS AWARDED.

Physiology and Comparative Anatomy.

Ballard, Edward, University College, scholarship and gold medal.
Browne, Joseph Hullett, Guy's Hospital, gold medal.
Manson, Frederick Robert, King's College.
Rubidge, Rich. Nathaniel, Guy's Hospital.
Fearnside, Henry, University College.
Davies, John Jones, London Hospital.

Surgery.

Topham, John, University College, scholarship and gold medal.
Browne, Joseph Hullett, Guy's Hospital, gold medal.
Stedman, Silas Stilwell, University College, gold medal.
Davies, John Jones, London Hospital.
Heath, George Yeoman, University College.
Rubidge, Rich. Nathaniel, Guy's Hospital.

Medicine.

Ballard, Edward, University College, scholarship and gold medal.
Fearnside, Henry, University College, gold medal.
Browne, Joseph Hullett, Guy's Hospital.
Manson, Frederick Robert, King's College.
Rubidge, Rich. Nathaniel, Guy's Hospital.

Midwifery.

Tapson, Alfred Joseph, University College.
Ballard, Edward, University College.

*** We have not room this week to insert the questions of examination.

THE spiral vessels, or *tracheæ*, in plants, may be considered as commencing in the stomata on the under surface of the leaf, extending along the leaf-stalk towards the centre of the stem.

MR. PROCTOR'S NAPHTHA CASE.

To the Editor.—Sir: I shall feel obliged by your correcting a mis-statement which appeared in the short account I sent you of a case of pulmonary consumption cured by naphtha. In the published account it is made to appear that the patient applied for admission to the Colchester Hospital, and was refused in consequence of his labouring under phthisis in its last stage. This mistake arose from my having mislaid a note that I had received from Dr. Baker on the subject of Perry's case, but which I have since found, and which is as follows:—

"I recollect the case of Charles Perry. Previous to my seeing him he had been attacked by hæmoptysis. I considered it a case of confirmed consumption, and intimated as much to the Rev. Mr. Leigh, as a reason for not sending him to the Colchester Hospital. If Dr. Hastings can cure cases like this by the use of naphtha, it will be a new era in medicine."

This note will explain fully the misapprehension on my part which appeared in my first statement. I wish further to add, that I saw Perry a few days ago, when he told me that he continued quite well. I remain, Sir, your obedient servant,

A. G. PROCTOR.

Witham, Nov. 29, 1843.

COMPLAINT FROM A NON-"PERPETUAL" PUPIL.

To the Editor.—Sir: Believing that you have ever had the best interests of the rising medical profession at heart, I venture to request your insertion of the following (as I think) unjustifiable exercise of power by the council of University College.

After having attended lectures for six months at a recognised provincial school, a gentleman of my acquaintance was desirous of finishing his education at University College, and as the regulations required his attendance during but two sessions of anatomy, one of which he had attended, he did not consider it necessary to enter to unlimited attendance there. Twelve months' dissection, however, he required, but he did not discover until the commencement of the present winter that he was not entitled to dissect any longer after the completion of the course of anatomy for which he had paid. Under these circumstances, and, taking into consideration that he was at the time attending lectures on medicine, surgery, and midwifery at the same school, as well as hospital practice, he hoped to have been allowed to make his attendance perpetual, by paying the additional amount which would have been required for that purpose in the first instance. Accordingly, he applied first to the professor of anatomy, who stated that he had no influence in the matter, and directed

him to attend at the secretary's-office, where he received an answer to the same effect. He then applied to the dean of the faculty, who, with his wonted affability, not only expressed himself strongly in his favour, but also troubled himself to address a letter on his behalf to the secretary. On delivering this, he was told by that gentleman that he could do nothing for him, further than presenting any petition that he might draw up, to the council, at its next meeting. In consequence he addressed a letter to the council containing a plain statement of his case, and expressing a hope that he would be allowed to perpetuate on the terms above stated, but a day or two since he received a communication from the secretary, stating that the council did not consider his case as one warranting any departure from the strict rules of the college. I am, Sir, your obedient servant,

X.

University College, Nov. 20, 1843.

*** Although we are surprised that, under the circumstances, the council did not grant the request of our correspondent (who has forwarded to us his name and address), yet we think that the refusal cannot be fairly termed an "*unjustifiable* exercise of power." We let the statement go, however, without any further comment on the subject.

WEST OF LONDON INSTITUTE FOR DISEASES OF THE EYE.

(*From a Correspondent.*)—The final and a very numerous meeting of the association for approving and determining the constitution of this charity, was held on the 1st of December, at the residence of Luke Thomas Flood, Esq., Belle-vue House, Chelsea, when a code of laws and by-laws was adopted, and the following appointments were confirmed:—

President, the Earl of Denbigh.

Vice-Presidents, the Earl of Carnarvon, the Earl of Erroll, the Rev. Lord Augustus Fitzclarence, John Tollemache, Esq., M.P., J. H. Langston, Esq., M.P., the Rev. C. Kingsley, Rector of Chelsea, and seven other gentlemen.

The Medical Referees named were Drs. Hamilton Roe and J. A. Wilson, Anthony White, Thomas Callaway, and Hyde Thomson, Esquires. The Consulting-Surgeon, John Scott, Esq., and the Surgeons, D. O. Edwards and A. B. Barnes, Esquires; the Treasurer, James Pitt, Esq.; and, finally, the Secretary, Mr. A. Gale.

ST. GEORGE'S HOSPITAL.

We have this week received an advertisement, containing an address "to the Governors of St. George's Hospital," signed Edwin Lee, fellow of twelve societies (all enumerated), wherein Mr. Lee offers himself to the notice of the governors as a candidate for the assistant-surgeoncy of that institution. Mr. Lee, evidently a gentleman of nice discrimination and good taste, announces his disapprobation of "the mode of canvassing for medical appointments in hospitals by *personal solicitation*," but trusts that, as a former pupil and house-surgeon, and from "the testimonials which he has the honour of submitting to the governors *individually*, he may be allowed to count upon their support." The testimonials contained in the letter comprise various eulogiums on his acquirements and abilities from M. Roux, M. Velpeau, M. Lisfranc, M. Ricord, M. Civiale, M. Sichel, and M. Robert, all of Paris; to which, no doubt, might easily have been added a dozen or two from English hospital surgeons and physicians. These are followed by similar encomiums on the talents of Mr. Lee and his productions, extracted from journals, magazines, reviews, newspapers, and gazettes, a list of which, seeing that Mr. Lee's books and pamphlets are all *medical*, is worth recording. Their number is thirty-four, and their names are these:—

Revue Med. Chirurgicale.
Dublin Journ. of Med. Science.
Lond. Med. and Surg. Journ.
Medical Gazette.
Brit. and For. Med. Review.
Metropolitan Mag.
Gazette Médicale.
Revue Médicale.
Liars' Times.
Sunday Times.
Atlas.—Argus.—Era.
Morning Herald.
Monthly Mag.
Med. Chirurg. Review.
Med. and Phys. Journ.
Schmidt's Jahrbücher.
Medicin. Zeitung.
Literary Gazette.
Medical News.
Metrop. Conservative.
Graëfe's Journal.
Monthly Review.
Athenæum.—Spectator.
United Serv. Gazette.
Old England.
Augsburg Gazette.
Britannia.—Court Journ.
Bell's Weekly Messenger.
Naval and Milit. Gazette.
German Med. Review.

Very happy are we to see that The Lancet is not in the list. The *reason* is generally called—when applied to impossibilities—a "very good one." It is too late to wish Mr. Lee success. Indeed, we suppose that the offer of Mr. Lee was only some part of the general plan of ingenious bookmakers, and will be successful in *one* way if not in another.

LOGICA HOMŒOPATHICA.

A SONNET.

"ALIKE, but, oh, HOW DIFFERENT!"
WORDSWORTH.

Add *like* to *like*, and see *the difference*.
Add *pain* to *pangs*, and torture turns to *ease*.
To *hate* add *horror*, what can better *please*?
Facts mix'd with *facts*, confirm our *ignorance*.
Mistakes make *sure*. By adding *brass* to pence
We get our fortunes. Patients' groans supply
Discordant notes that melt in "*harmony*—
Not understood." And why? Your shaken brain
Needs but *another shake*. And 'tis quite plain
Nothing, with *nonsense*, brings *the thing* we want—
(Finis-infinitesimalis) gain.
Ergo, *per contra* cannot be endured!
Now what is like this *homœopathic cant*?
There's *nothing* like it, so it can't be *cured*.

G. M., M.D.

Hastings, Dec. 7, 1843.

NOTE FROM MR. ROBERTSON.

To the Editor.—Sir: When you attacked me in THE LANCET (with what good sense and decency it is for others to judge,) on account of my volunteering gratuitous attendance on the poor, I answered promptly and *openly*, and is it fair that any stupid fellow should be, by you, encouraged to belch forth his grumblings against me, under any humbugging pseudo name? When the unfortunate "RAW COUNTRY BOY" can venture to publish his true name, attached to his perpetrations, I shall not be wanting in courtesy towards him, in so far as he may merit the same. But until his disinterestedness be apparent, until it shall appear that he be no shopkeeping surgeon, *et cetera, et cetera, et cetera*, in the neighbourhood, whose choler has been stirred up by the probability of fewer 7*s*. 6*d*. "fees" than heretofore, I shall decline noticing further his effusions. But, as respects your own editorial remarks, the heading of your first notice of me seems to uphold the "no-pay-no-work" system; your last paragraph commences, "It is all very well and highly charitable to *give* away advice and medicines." How you reconcile these statements I know not. And, as you think with me, "it is all very well," why have you troubled yourself to disparage me? You continue,—"but to advertise the fact, to invite people to come and carry them off! What must we call that?" *You* can call it what pleases you; *I* call it the very best plan to get the fact known; nor

"Idly sit, like stupid blockheads,
Our hands committed to our pockets."

Neither is it now, for you state (p. 304) we "are advertised in every newspaper, in every street, in thousands of professional cards, "Medical advice gratis." You say in your first note, "notice should be given to the beadle," &c. In reply to my *query*, why this did not occur to you before, you assert it *has* been published "nearly five years." Then where is the wit of the prior observation? I shall be obliged if you insert the above, and I remain, Sir, &c.

J. ROBERTSON.

Melcombe-place, Dorset-square,
December 11, 1843.

NEWS OF THE WEEK.

MR. J. C. ATKINSON, referring to the communication of Mr. Walker in THE LANCET of the 25th ult., recalls our attention, this week, to "the dangers to be apprehended from the present offensive mode of disposing of the dead," and what he considers to be "the mischief that must ultimately result from the poisonous emanations of the burying-grounds of the metropolis." Mr. Atkinson does so because he is "desirous to express his firm conviction that the pestiferous exhalations of the grave-yards not only operate in their immediate vicinity, but extend their influences far and wide, and materially increase the activity of the circulation or powerfully depress the nervous energy." At the same time he thinks it of equal importance to direct due attention to the "water nuisance," and the seeming desire of the public companies to defeat the benevolent intentions of the Apostle of Temperance, Father Mathew, by their disregard of the quality and contents of their supply in London. This matter he considers is especially worthy of attention from the profession; for he is disposed to think that this cause alone will account for a very-much-prevailing recent epidemic diarrhœa, unjustly laid to the door of the "plum-season." The reputations of medical attendants are often, he considers, placed at stake, owing to the sick employing water that is charged with putrefying refuse, success being often impossible with the best medicines, if the toast-water and other diluents of patients be charged with putrid matter. We make a summary only of the allegations of Mr. Atkinson, because we do not *at present* see that we can beneficially open a discussion on the subjects in our pages, and we are always indisposed to begin battles without a certain prospect of fighting them successfully. A couple of millions of pounds sterling would barely suffice to effect a thorough reform in our present modes of sepulture and watering in London alone. In the absence of that, burial at cemeteries (they are numerous and popular) and filtering at home, are the best expedients, though often beyond the means of the poor. By the by, what has become of the water-company of Mr.

Pater, whose plans we took some pains to explain and advocate in THE LANCET a few years since?

ARREST OF DEVELOPMENT. — A correspondent informs us that Dr. ASHBURNER (although not a teacher in the school) has recently discovered that the majority of his colleagues at the Middlesex Hospital have not cut their wisdom-teeth, but that the Doctor is in error in supposing the fact to be singular, Dr. Cox having proved that Dr. A. had not cut his own at the "years of discretion." Our correspondent thinks, however, that the really remarkable part of the case is that so many individuals are to be found in *one establishment* presenting this physiological anomaly. Sir PETER LAURIE, it is added, is to suggest the subject to Dr. SUTHERLAND, for investigation at Bethlem Hospital.

MR. B. PHILLIPS was, on Tuesday, elected assistant-surgeon to the Westminster Hospital.

APOTHECARIES' HALL, LONDON.

NAMES of gentlemen who received certificates of qualification to practise as apothecaries, on Thursday, Dec. 7, 1843:—David Peter Evans, Belper, Derbyshire; Edwin Swinfen Bellyse, Audlem, Cheshire; John Farr Mayhew, London.

CORRESPONDENTS.

The communications of many correspondents, acknowledged or unacknowledged to have been received, are in type, and will be published at the earliest moment that space can be found for them in our pages.

Chirurgus complains that a few days since a friend of his, who had been dining out, and was returning home rather late, experienced retention of urine, and being near Charing Cross Hospital, rang the bell, but, to his surprise, could obtain no answer, after some time, during which he was suffering the greatest pain, and was obliged to go elsewhere to get relieved. *Chirurgus* adds, "Should not this be looked to? Are persons to lose their lives through the negligence of those appointed to render assistance? Surely this hospital must be very badly managed."—We reply that the patient had no claim for relief at the hospital if he was able to pay any one of the many surgeons in private practice within reach of whose bells he must have been in the Strand. Respecting the non-appearance of a porter at the door, *Chirurgus*, in making his complaint, must remember that porters cannot be expected to answer—anonymous rings.

To the Editor.—Sir: Another paper appears in last week's LANCET (page 323) on the curative effects of naphtha. How is it that the profession is so profoundly silent as regards the efficacy of this medicine in phthisis, so much as might be expected after the recommendations of its original introducer and supporters? I fear that no dependence can be placed on its virtues, tried, as it must have been, by many during the last six months. Who doubts the almost specific action of mercury, sulphur, iodine, arsenic, colchicum, digitalis, and secale cornutum. Is naphtha to be classed with them, or is this only another plan of advertising oneself, seeing that the communications of the originator are sent about to all the journals, high and low, like the hand-bills of puffing tradesmen—quack here, quack there, quack everywhere, even in the most despicable concern that ever disgraced the medical press? Your obedient servant,

NON-SEQUITUR.

To the Editor.—Sir: Might a student become acquainted with anatomy by the use of "Quain's Plates," without confusing his ideas of the relative situation of muscles, nerves, arteries, and ligaments, &c., before commencing dissection at the schools. Your's respectfully,—A READER. *** He might learn many details without confusion, but *pictorial* anatomy is only a deceptive substitute for dissection. Once on a time, a curate, newly ordained, retired to his uncle's villa to practise extemporaneous eloquence. Many times he locked himself into the summer-house, and, from the open window, addressed the sprouting vegetables in the garden below, and at last with great effect. He then returned to town, and on the next Sunday announced his text in the pulpit of the parish church before a thousand souls, living and devout; but his tongue clave to the roof of his mouth, his lips were dry, not one head of discourse could he pronounce. Happily, *speech* itself had not wholly failed him. As a new discovery may flash, after weeks of toil, upon the chemist, so, with a startling conviction of the truth following a minute's pause, he suddenly closed the sacred volume, and exclaimed, "My friends, my friends! I perceive that you are not *cabbages*," promptly dismissing the *men and women* to their homes.

An Anxious Inquirer.—"A.," having so acted as an apothecary, is liable to a prosecution for the penalties, but it is not likely, in the present day, that the attempt to recover them would be made.

A Constant Reader at Bury St. Edmunds is informed that the microscope was advertised by Mr. West, optician, 83, Fleet-street. The notice was printed on the wrapper of THE LANCET for November 9, 1839.

The paper from Howden will be inserted. The diagram will be engraved in London.

ERRATUM.—In Mr. Chippendale's table of dispensaries the number of patients at the Metropolitan Free Hospital should have been 7091, instead of 9091.